F08000002578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L. 10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The National Assoc for Healthcare Communications, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Aaron Kirk
(Name of Person)

Healthcom, Inc
(Firm/Company)

1600 West Jackson
(Address)

Sullivan, IL 61951
(City/State and Zip code)

For further information concerning this matter, please call:

Aaron Kirk at (217) 728-8331 ext 240
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☑ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

Healthcom
Healthcare Communications

1600 W. Jackson St
Sullivan, Illinois 61951
800-525-6237 ext 230
217-728-8331 ext. 230
FAX: 800-392-8957

June 2, 2008

Carolyn Lewis
Regulatory Specialist II

Please find enclosed the signed documentation for the National Association of Healthcare Communications.

I apologize for the oversight of not signing this before, and appreciate your attention to this matter.

Sincerely,

Kip Speer
Director of Client Services
Healthcom

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2008

AARON KIRK / HEALTHCOM, INC.
1600 W. JACKSON
SULLIVAN, IL 61951

SUBJECT: THE NATIONAL ASSOCIATION FOR HEALTHCARE COMMUNICATIONS, INC.
Ref. Number: W08000026100

We have received your document for THE NATIONAL ASSOCIATION FOR HEALTHCARE COMMUNICATIONS, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 508A00033438

RECEIVED
08 JUN -6 AM 8:00
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. The National Association for Healthcare Communications, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Healthcom, Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois
(State or country under the law of which it is incorporated)

3. 37-1285320
(FEI number, if applicable)

4. Oct 22, 1991
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1600 West Jackson, Sullivan IL 61951
(Principal office address)

same
(Current mailing address)

8. Personal Emergency Response Service Provider
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mike Curtis

Office Address: 1636 Lake Ella Road

Fruitland Park (City), Florida 34731 (Zip code)

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2008 JUN -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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2008 JUN -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Aaron Kirk

Address: 406 North Worth Street

Sullivan, IL 61951

Vice President: Derek Carter

Address: 300 Elim Springs Drive

Sullivan, IL 61951

Secretary: Barbara Kirk

Address: 202 Elim Springs Drive

Treasurer: Barbara Kirk

Address: 202 Elim Springs Drive

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Aaron Kirk, President

(Typed or printed name and capacity of person signing application)

File Number 5657-948-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

THE NATIONAL ASSOCIATION FOR HEALTHCARE COMMUNICATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 22, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* MAY *A.D.* 2008 .

Jesse White

SECRETARY OF STATE

Authentication #: 0812701542

Authenticate at: http://www.cyberdriveillinois.com