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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch APR 9 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Continuance Health Solutions, 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*," or "*Certificate of Good Standing*" 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:

Stephan N. Yelenik
Name of Person

Continuance Health Solutions, Inc.
Firm/Company

1 Main Street, PO Box 31
Address

Pequack, NJ
City/State and Zip code

stephan.yelenik@continuancehealthsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephan N. Yelenik at (908) 781-7400 x101
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

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:

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1. Continuare Health Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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

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

3. 27-0717408
(FEI number, if applicable)

4. August 12, 2009
(Date of incorporation)

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

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

7. 1 Main Street, PO Box 31, Peapack, NJ 07977
(Principal office address)

1 Main Street, PO Box 31, Peapack, NJ 07977
(Current mailing address)

8. Consultancy
(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: Chris Adams

Office Address: 4300 Wheatland Way

Palm Harbor, Florida 34685
(City) (Zip code)

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:

A. DIRECTORS

Chairman: Chris Adams

Address: 4300 Wheatland Way
Palm Harbor, FL 34685

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Stephan N. Yelenik

Address: 1 Main street POB 8x31
Peapack, NJ 07977

Director: Jon Harris-Shapiro

Address: 7820 Whitewood Road
Elkins Park, PA 19027

B. OFFICERS

President: Jon Harris-Shapiro

Address: 7820 Whitewood Road
Elkins Park, PA 19027

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Stephan N. Yelenik Director & CEO
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Stephan N. Yelenik
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

CONTINUANCE HEALTH SOLUTIONS, INC.
0101003151

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 12, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are

Stephan N. Yelenik
1 Main Street
Po Box 31
Peapack, NJ 07977

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TAX AFFAIRS

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of March, 2013

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 127879190

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp