

F14000004920

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FOREIGN PROFIT/NONPROFIT CORPORATION
Health Partner's Management Group, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$720.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 20 2014

T. SCOTT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Partners Management Group, Incorporated
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:

Cindy Burcham

Name of Person

Health Partners Management Group, Inc.

Firm/Company

1879A North Westwood Blvd

Address

Poplar Bluff, MO 63901

City/State and Zip code

Cindy.Burcham@hpmg.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Burcham

at (573) 785-4601

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.

1. Health Partners Management Group, Incorporated
 (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. Missouri 3. 43-1884717
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/10/2000 5. perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 4, 2013
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1879A North Westwood Blvd Poplar Bluff, MO 63901
 (Principal office address)

P.O. Box 669 Poplar Bluff, MO 63902
 (Current mailing address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip code)

9. 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.

C T Corporation System Katherine Lackey,
 By: Katherine Lackey Assistant Secretary
 (Registered agent's signature)

10. 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.

NOV 19 PM 1:11

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ronald Whittenburg

Address: 1879A North Westwood Blvd.

Poplar Bluff, Missouri 63901

Vice President: _____

Address: _____

Secretary: Cindy Burcham

Address: 1879A North Westwood Blvd. Poplar Bluff, Missouri 63901

Treasurer: _____

Address: _____

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

12. Cindy Burcham _____
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.

13. Cindy Burcham Secretary _____
(Typed or printed name and capacity of person signing application)

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DIVISION OF REVENUE
STATE OF MISSOURI

STATE OF MISSOURI



Jason Kander
Secretary of State

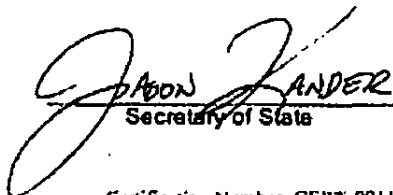
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

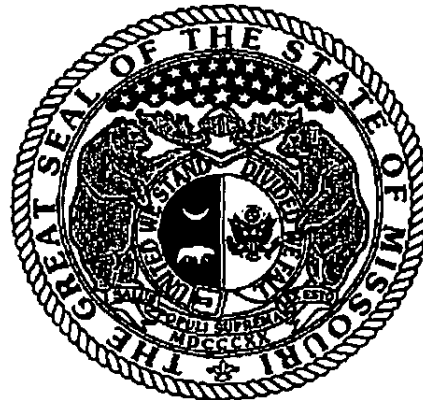
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HEALTH PARTNER'S MANAGEMENT GROUP, INCORPORATED
00482204

was created under the laws of this State on the 10th day of April, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of September, 2014.


Secretary of State



Certification Number: CERT-09112014-0082