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018-03-15 14:28 CST

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Florida Department of State  
Division of Corporations  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
Sling Health

Certificate of Status	0
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HONOR ORIGINAL DATE 03-12-18

S. WARREN

MAR 16 2018

FILED  
18 MAR 12 AM 12:21  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA  
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3/14/2018 4:14:55 PM PAGE 1/001

19542080845 From: Ranae McGraw  
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HONOR ORIGINAL DATE 03-12-18



March 14, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SLING HEALTH INC.  
REF: W18000024991

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H18000079844  
Letter Number: 618A00005210

P.O. BOX 6327 - Tallahassee, Florida 32314

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Sling Health Inc.  
 (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Missouri 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/15/2014 5. perpetual  
 (Date of Incorporation) (Duration: Year comm. will cease to exist or "perpetual")

6. \_\_\_\_\_  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 20 S. Sarah Street, St. Louis, MO 63108  
 (Principal office address)
- 20 S. Sarah Street, St. Louis, MO 63108  
 (Current mailing address)

8. The purpose is to bridge the gap between students & practitioners to create solutions to pressing problems in healthcare.  
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. 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)

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.

C T Corporation System  
 By: Laura Broderick  
 (Registered agent's signature)

Laura Broderick  
 Assistant Secretary

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 addresses of officers and/or directors

## A. DIRECTORS

Chairman: See Attachment 1 for Board of Directors

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: See Attachment 1 for Officers

Address: \_\_\_\_\_

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. Stephen W. Lindenman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Stephen W. Lindenman, President  
(Typed or printed name and capacity of person signing application)FILED  
18 MAR 12 AM 12:21  
STATE OF FLORIDA  
TALLAHASSEE FL 09104

## Attachment to Florida's qualification

## 1. Directors

Name	Address
Stephen W. Linderman	20 S. Sarah Street, St. Louis, MO 63108
Ramin Lalezari	20 S. Sarah Street, St. Louis, MO 63108
Steven M. Monda	20 S. Sarah Street, St. Louis, MO 63108
Alexander H. Morrison	20 S. Sarah Street, St. Louis, MO 63108

## 2. Officers

Title	Name	Address
President	Stephen W. Linderman	20 S. Sarah Street, St. Louis, MO 63108
Vice President	Ramin Lalezari	20 S. Sarah Street, St. Louis, MO 63108
Managing Officer, Secretary and Treasurer	Alexander H. Morrison	20 S. Sarah Street, St. Louis, MO 63108

FILED  
18 MAR 18 AM 10:21  
CLERK OF SUPERIOR  
COURT, FLORIDA

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

I, JOHN R. ASHCROFT, 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

*Sling Health*  
*N01394311*

was created under the laws of this State on the 15th day of April, 2014, 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 24th day of January, 2018.

  
Secretary of State



Certification Number: CERT-01242018-0109