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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

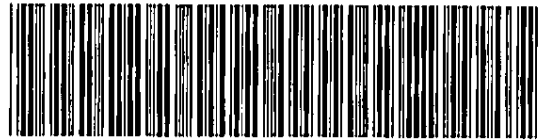
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TALLAHASSEE, FLORIDA

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10-17-19



*Legal Division*  
**Elizabeth Grulke**  
Corporate Paralegal  
(503) 225-4992 Voice  
(503) 225-5431 Facsimile  
[Elizabeth.Grulke@cambiahealth.com](mailto:Elizabeth.Grulke@cambiahealth.com)

**Reply to:**  
P.O. Box 1271 (M/S E12B)  
Portland, OR 97207-1271

**VIA OVERNIGHT DELIVERY**

September 30, 2019

Florida Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Application by Foreign Corporation for Authorization to Transact Business in Florida  
HealthSparq, Inc.**

Dear Sir or Madam,

Please find enclosed for filing on behalf of HealthSparq, Inc., a completed and signed Application by Foreign Corporation for Authorization to Transact Business in Florida, and payment in the amount of \$70.00 in satisfaction of the required filing fee. Also enclosed is a Certificate of Existence from the State of Oregon, Office of the Secretary of State, dated August 13, 2019.

If you have any questions, please contact me at (503) 225-4992 or [Elizabeth.Grulke@cambiahealth.com](mailto:Elizabeth.Grulke@cambiahealth.com).

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Grulke".

**Elizabeth Grulke**  
Corporate Paralegal

Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthSparq, 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:

Lisa T. Murphy

Name of Person

c/o Cambia Health Solutions, Inc.

Firm/Company

100 SW Market Street, MS E12B

Address

Portland, OR 97201

City/State and Zip code

LegalReview@cambiahealth.com

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

For further information concerning this matter, please call:

Lisa T. Murphy

503 225-4879  
at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. HealthSparq, 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. Oregon 3. 35-2486216  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 9, 2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 100 SW Market Street, Portland, OR 97201  
(Principal office address)
- 100 SW Market Street, MS E12B, Portland, OR 97201  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hayes Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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**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.*

Corporation Service Company  
By: Michele Henry Michele Henry  
(Registered agent's signature) Assistant VP

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.

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

**A. DIRECTORS**

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

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

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

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

Director: Mark B. Ganz

Address: 100 SW Market Street, Portland, OR 97201  
\_\_\_\_\_

Director: Vince P. Price

Address: 100 SW Market Street, Portland, OR 97201  
\_\_\_\_\_

**B. OFFICERS**

President: Mark E. Menton

Address: 100 SW Market Street, Portland, OR 97201  
\_\_\_\_\_

Vice President: \_\_\_\_\_

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

Secretary: John W. Attey

Address: 100 SW Market Street, Portland, OR 97201  
\_\_\_\_\_

Treasurer: Andreas B. Ellis

Address: 100 SW Market Street, Portland, OR 97201  
\_\_\_\_\_

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

12. John W. Attey \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. John W. Attey, Secretary \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 268A699A7**

*I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:*

**HEALTHSPARQ, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

A handwritten signature in cursive script, reading "Bev Clarno".

**BEV CLARNO, SECRETARY OF STATE**

*8/13/2019*