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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ABA Financial 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", 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:

Angie Jones

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Suite 550

(Address)

Little Rock, Arkansas 72207-5271

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

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*****70.00 *****70.00

Angie Jones

(Name of Person)

at (501) 664-8044

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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. AHA Financial Solutions, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. Illinois 3. 36-3076454
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 6, 1979 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. One North Franklin
Chicago, Illinois 60606
(Current mailing address)

8. The business of insurance, functioning as an insurance agency.
(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 or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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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

(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: PLEASE SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

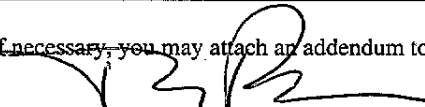
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anthony J Burke President
(Typed or printed name and capacity of person signing application)

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AHA Financial Solutions, Inc.
Officers of the Corporation

President	Anthony J. Burke AHA Financial Solutions, Inc. One North Franklin Street, 30 th Floor Chicago, IL. 60606
Vice-President	Anthony Spohn AHA Financial Solutions, Inc. One North Franklin Street, 30 th Floor Chicago, IL. 60606
Vice-President	John R. Stein AHA Financial Solutions, Inc. One North Franklin Street, 30 th Floor Chicago, IL. 60606
Secretary	James Henderson American Hospital Association One North Franklin Chicago, IL. 60606
Treasurer	R. John Evans American Hospital Association One North Franklin Chicago, IL. 60606
Chairman of the Board	Richard L. Clarke, FHFMA Healthcare Financial Management Association Two Westbrook Corporate Center, Suite 700 Westchester, IL 60154

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AHA Financial Solutions, Inc
Board of Directors

Reginald M. Ballantyne III
President
PMH Health Resources Inc.
1201 S. Seventh Avenue
Phoenix, AZ 85007

Victor L. Campbell
Senior Vice President
Columbia/HCA Healthcare Corp.
One Park Plaza, Building 1-4W
Nashville, TN 37203

Neil J. Jesuele
Executive Vice President
American Hospital Association
One North Franklin Street, 29th Floor
Chicago, IL 60606

James M. Kingsbury
1675 York Avenue, Apt. #11K
New York, NY 10128

Joseph P. Marquart
Vice President, Human Resources
All Children's Hospital
801 Sixth Street South
St. Petersburg, FL 33701

Joseph A. Parker
President and CEO
Georgia Hospital Association
1675 Terrell Mill Road
Marietta, GA 30067

Barbara Z. Shattuck
Principal
Shattuck Hammond Partners
630 Fifth Avenue, Suite 2950
New York, NY 10111

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ACCEPTANCE OF APPOINTMENT

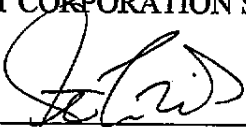
RE: AHA FINANCIAL SOLUTIONS, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 5, 2000

C T CORPORATION SYSTEM

By


Jonathan L. Miles, Assistant Secretary

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TALLAHASSEE, FLORIDA

File Number 5192-604-8



To all to whom these Presents Shall Come, Greeting:

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

AHA FINANCIAL SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 6, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH *day of* OCTOBER *A.D.* 2000

Jesse White

SECRETARY OF STATE