

FD2000005371

TRANSMITTAL LETTER

FILED
2002 OCT 25 PM 4:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Healthcare Assurance Corporation
(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:

William Ball, President 200008082772--6
(Name of Person) 09/27/02--01068--014
*****87.50 *****87.50

Healthcare Assurance Corporation
(Firm/Company)

322 Nancy Lyn Lane Ste.17
(Address)

Knoxville, TN 37919
(City/State/Zip)

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

Bill Ball at (865) 588-0177
(Name of Person) (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

W02-28168
J. BRYAN SEP 30 2002

J. BRYAN OCT 25 2002



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 16, 2002

WILLIAM BALL
HEALTHCARE ASSURANCE CORPORATION
322 NANCY LYN LANE STE. 17
KNOXVILLE, TN 37919

SUBJECT: HEALTHCARE ASSURANCE CORPORATION
Ref. Number: W02000028168

We have received your document for HEALTHCARE ASSURANCE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 502A00057582

Joey *Sory about the error*
- Billy Ball
Pres

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 30, 2002

WILLIAM BALL
HEALTHCARE ASSURANCE CORPORATION
322 NANCY LYN LANE STE. 17
KNOXVILLE, TN 37919

SUBJECT: HEALTHCARE ASSURANCE CORPORATION
Ref. Number: W02000028168

Upon receipt of your letter and/or check(s) totaling \$87.50, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

We retained your certificate in our office but returned your certified copy.,

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 402A00054960

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Healthcare Assurance Corporation
(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. TN (USA) 3. 62-1357135
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July, 1988 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. PO Box 51686
Knoxville, TN 37950
(Current mailing address)

8. Insurance billing administration
(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: ~~Bruce McKibben, P.A.~~ R. BRUCE MCKIBBEN, P.A.

Office Address: 1435 E Piedmont Drive Suite 214
Jacksonville Tallahassee, Florida, 32308
(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.

R. Bruce McKibben
(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: William Ball

Address: 322 No 322 Nancy Lynn Ln- Ste-17
Knoxville, TN 37919

Vice Chairman: _____

Address: _____

Director: Diana J- Ball

Address: 322 Nancy Lynn Ln Ste-17
Knoxville, TN 37919

Director: _____

Address: _____

B. OFFICERS

President: William Ball

Address: 322 Nancy Lynn Ln- Ste-17
Knoxville, TN 37919

Vice President: _____

Address: _____

Secretary: Diana Ball

Address: 322 Nancy Lynn Ln- Ste-17 Knoxville, TN 37919

Treasurer: _____

Address: _____

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

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

14. William Ball, Pres
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/19/2002
REQUEST NUMBER: 02262508
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/27/1988
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0203689
JURISDICTION: TENNESSEE

TO:
HEALTHCARE ASSURANCE CORP
%BILL BALL
PO BOX 51686
KNOXVILLE, TN 37950

REQUESTED BY:
HEALTHCARE ASSURANCE CORP
%BILL BALL
PO BOX 51686
KNOXVILLE, TN 37950

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"HEALTHCARE ASSURANCE CORPORATION"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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DIVISION OF CORPORATIONS
NASHVILLE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/19/02

FROM:
HEALTHCARE ASSURANCE CORPORATION
P. O. BOX 51686
KNOXVILLE, TN 37950-0000

RECEIVED:	FEES \$40.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$40.00
RECEIPT NUMBER: 00003146167		
ACCOUNT NUMBER: 00098336		



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE