

F03000002029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

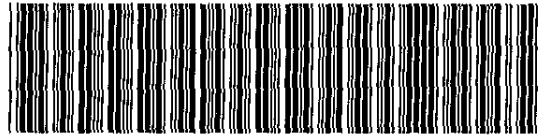
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03 APR 23 AM 11:14

DIVISION OF CORPORATION

FILED

03 APR 23 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

03 APR 23 PM 12:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CT CORPORATION

April 23, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
03 APR 23 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5836294 SO  
Customer Reference 1: 2036061-0001  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Health Revenue Acceleration, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

*Brigham Weir*

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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 Revenue Acceleration, 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. Delaware

(State or country under the law of which it is incorporated)

3. 36-4528842

(FEI number, if applicable)

4. April 8, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3493 Hiatus Road, Sunrise, Florida 33351

(Principal office address)

3493 Hiatus Road, Sunrise, Florida 33351

(Current mailing address)

8. Collection of healthcare accounts receivables

(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: Juliana L. Sullivan

Office Address: 3493 Hiatus Road

Sunrise, Florida 33351

(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.*

By: 

(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: \_\_\_\_\_

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

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

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

Director: Juliana L. Sullivan

Address: 3493 Hiatus Road, Sunrise, Florida 33351

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

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

**B. OFFICERS**

President: Juliana L. Sullivan

Address: 3493 Hiatus Road, Sunrise, Florida 33351

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

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

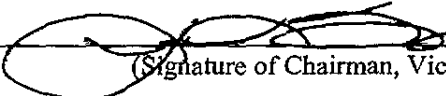
Secretary: Juliana L. Sullivan

Address: 3493 Hiatus Road, Sunrise, Florida 33351

Treasurer: Juliana L. Sullivan

Address: 3493 Hiatus Road, Sunrise, Florida 33351

**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. Juliana L. Sullivan, President  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

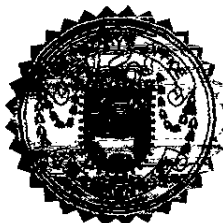
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH REVENUE ACCELERATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH REVENUE ACCELERATION, INC." WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
03 APR 23 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3645552 8300

030255211

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2373272

DATE: 04-18-03