

F03000005275

Heartland
Health
Services, Inc.



12010 Pacific St.
Omaha, NE 68154

☐ PICK-UP ☐ WAIT ☐ MAIL

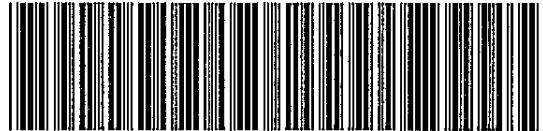
(Business Entity Name)

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2003 OCT 24 PM 1:30
J. BRYAN CORPORATION
ALLAHASSEE, FLORIDA

1003-28870
J. BRYAN OCT 7 2003

J. BRYAN OCT 27 2003

TRANSMITTAL LETTER

FILED
2003 OCT 24 PM 1:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS**

SUBJECT: Heartland Health Services, 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:

Marshall L. Jacobs
12010 Pacific St.
Omaha, NE 68154

Phone: 402-691-9400

Thank you.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 7, 2003

MARSHALL L. JACOBS
HEARTLAND HEALTH SERVICES, INC.
12010 PACIFIC ST.
OMAHA, NE 68154

SUBJECT: HEARTLAND HEALTH SERVICES, INC.
Ref. Number: W03000028870

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for HEARTLAND HEALTH SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Joey Bryan
Document Specialist

Letter Number: 403A00054860

**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. Heartland Health Services Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Nebraska

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

3. 050547034

(FEI number, if applicable)

4. 12/20/02

(Date of incorporation)

5. _____
(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. 12010 Pacific St. Omaha NE 68154

(Principal office address)

(Current mailing address)

8. Orthotic distributor

(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: Jesse Berger

Office Address: 123 NW 13th St, Ste. 313

Boca Raton

(City)

, Florida 33432

(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.


(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Marshall L. Jacobs

Address: 12010 Pacific St.

Omaha, NE 68154

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Marshall L. Jacobs

Address: 12010 Pacific St.

Omaha, NE 68154

Vice President: _____

Address: _____

Secretary: Marshall L. Jacobs

Address: 12010 Pacific St., Omaha, NE 68154

Treasurer: Marshall L. Jacobs

Address: 12010 Pacific St., Omaha, NE 68154

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

13. Marshall L. Jacobs

(Signature of Director or Officer listed in number 12 of the application)

14. Marshall L. Jacobs - President

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

FILED
2003 OCT 24 PM 1:31
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

FILED
2003 OCT 24 PM 1:31
CORPORATIONS
TALLAHASSEE, FLORIDA

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

HEARTLAND HEALTH SERVICES, INC.

was duly incorporated under the laws of this state on December 23, 2002 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on October 15, in the
year of our Lord, two thousand
three.

John A. Gale
SECRETARY OF STATE

