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TALLAHASSEE, FLORIDA

gp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH REVENUE ASSURANCE ASSOCIATES, 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: W03-17920

ROBERT RUBINOWITZ
(Name of Person)

HEALTH REVENUE ASSURANCE ASSOCIATES, INC.
(Firm/Company)

10097 CLEARLY BOULEVARD
(Address)

PLANTATION, FLORIDA 33324
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LOU FRIEDMAN at (410) 363-1780
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 23, 2003

ROBERT RUBINOWITZ
HEALTH REVENUE ASSURANCE ASSOCIATES, INC
10097 CLEARLY BOULEVARD
PLANTATION, FL 33324

SUBJECT: HEALTH REVENUE ASSURANCE ASSOCIATES, INC.
Ref. Number: W03000017920

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TALLAHASSEE, FLORIDA

We have received your document for HEALTH REVENUE ASSURANCE ASSOCIATES, INC. and your check(s) totaling $70.00. 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.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is $1,150.
2300

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00038229

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 7, 2004

ROBERT RUBINOWITZ
HEALTH REVENUE ASSURANCE ASSOCIATES, INC
10097 CLEARLY BOULEVARD
PLANTATION, FL 33324

SUBJECT: HEALTH REVENUE ASSURANCE ASSOCIATES, INC.
Ref. Number: W03000017920

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This letter is in response to the application by foreign corporation/limited liability company for authorization to transact business in Florida that was previously submitted to this office for HEALTH REVENUE ASSURANCE ASSOCIATES, INC..

The referenced application states that the entity has transacted business in the State of Florida since December 31, 2002. You were notified by letter dated June 23, 2003, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the entity is liable for $2300.00 in appropriate fees and penalties as set forth in Section 607.1502(4)/617.1502(4)/608.502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the entity first transacted business in Florida, that the entity did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Registration Section at (850) 245-6051.

Registration Section
Division of Corporations Letter No. 704A00043633

Enclosure

Health Revenue
HRAA
Assurance Associates

September 15, 2004

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

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04 OCT 26 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ref. Number: W03000017920
Re: Letter No. 704A00043633

Dear Sir or Madam:

This letter is in response to Letter No. 704A00043633 regarding the application by foreign corporation / limited liability company for authorization to transact business in Florida that we previously submitted.

The application contains erroneous information. Line #6 that asks the date we first transacted business in Florida stated "2002" when it should have stated "upon qualification". As of yet, we have not conducted business in the state of Florida. **ALL** of the activities that we do in Florida fall within the guidelines of Florida Statute 607.1501 (2) and do not constitute transacting business in Florida. We are requesting an abatement of all fees and penalties.

We would however like to proceed with the application to transact business in Florida for future activity. Our application fee has already been sent. Please advise if we should submit a new application or send a letter requesting #6 on the original application to be changed to the proper answer.

If you have any questions, please do not hesitate to contact me at 954-560-7733.

Sincerely,

Robert Rubinowitz
COO, Secretary/Treasurer

CHIP VOLKE
MY COMMISSION # DD 337750
EXPIRES: July 14, 2008
Bonded Thru Notary Public Underwriters

1818 Airport Road Suite 118 Chapel Hill, NC 27514 919.644.0533 fax: 919.644.0683 www.healthrevenue.com

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 21, 2004

ROBERT RUBINOWITZ
HEALTH REVENUE ASSURANCE ASSOCIATES, INC
1818 AIRPORT ROAD, SUITE 118
CHAPEL HILL, NC 27514

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HEALTH REVENUE ASSURANCE ASSOCIATES, INC.
Ref. Number: W03000017920

We have received your document for HEALTH REVENUE ASSURANCE ASSOCIATES, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for your affidavit of September 15, 2004. We are returning your application because it needs to be signed, as noted in our letter of June 23, 2003. Please sign and return your application with a copy of this letter, and it will be filed along with your affidavit. We do not need anything other than this signed application returned to us with a copy of this letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 104A00055683

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 ASSURANCE ASSOCIATES, 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. MARYLAND
(State or country under the law of which it is incorporated)

3. 52-2322643
(FEI number, if applicable)

4. FEBRUARY 26, 2001
(Date of incorporation)

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

6. 2002
(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.)

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TALLAHASSEE, FLORIDA

7. 10097 CLEARLY BOULEVARD
(Principal office address)
PLANTATION, FLORIDA 33324
(Current mailing address)

8. HEALTH CARE CONSULTING
(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: ROBERT RUBINOWITZ

Office Address: 10097 CLEARLY BLVD

PLANTATION (City), Florida 33324 (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:**

A. DIRECTORS

Chairman: ANDREA CLARK

Address: 10097 CLEARLY BOULEVARD

PLANTATION, FLORIDA 33324

Vice Chairman:

Address:

Director: ROBERT RUBINOWITZ

Address: 10097 CLEARLY BOULEVARD

PLANTATION, FLORIDA 33324

Director:

Address:

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: ANDREA CLARK

Address: SAME AS ABOVE

Vice President:

Address:

Secretary: ROBERT RUBINOWITZ

Address: SAME AS ABOVE

Treasurer: ROBERT RUBINOWITZ

Address: SAME AS ABOVE

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. ANDREA CLARK, CHAIRMAN
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS , OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTH REVENUE ASSURANCE ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 04, 2003.

FILED
04 OCT 26 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul B. Anderson

Paul B. Anderson
Charter Division

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0002356799
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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