F0400006258

| (Re | equestor's Name) | |
|-------------------------|-------------------------|-------------|
| (Ac | ddress) | |
| | | |
| (Ad | ddress) | |
| (Ci | ty/State/Zip/Phone | e #1 |
| (0, | icy/Cualconziphi fiorit | <i>,</i> |
| PICK-UP | WAIT | MAIL. |
| | | |
| (B) | usiness Entity Nan | ne) |
| | ocument Number) | |
| (5) | ocament variber, | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | ļ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500042214905

10/29/04--01014--002 **70.00

FILED

04 OCT 29 PM I2: 30

SECRETARY OF STATE

1 (p)0/04



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: HEALTHING, 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: | | |
| (Name of Person) | | |
| GARY R. BOHNEN (Name of Person) HEALTHPRO INC. | | |
| (Firm/Company) | | |
| 6615 W. BOYNTON BEACH BLUD #312 ST B III | | |
| BOYNTON BSACH FZ. 33437 (City/State and Zip code) | | |
| (City/State and Zip code) | | |
| For further information concerning this matter, please call: | | |
| GARY R Bohnes 305 642-5427 | | |
| (Name of Person) at (305) 642-5437 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| | | |
| STREET ADDRESS: MAILING ADDRESS: | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| 409 E. Gaines St. P.O. Box 6327 | | |
| Tallahassee, FL 32399 Tallahassee, FL 32314 | | |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy \$\Bigcup \\$ Certified Copy \$\Bigcup \\$ 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. HEALTHPAD, INC. | |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | |
| H54CTHPW CONSUCTING, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| | |
| 2. NEVADA (State or country under the law of which it is incorporated) 3. 57-1213160 (FEI number, if applicable) | |
| 4. SEPT 21, 2004 5. PERDETUAL | |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.6615 W. Boynton BEACH BLUD #312, Boynton BCH, FL. 33439 (Principal office address) (Principal office address) (Current mailing address) | 1 |
| 7.6615 W. BOYNTON BEACH BLUD #312, BOYNTON BCh, FL. 33439 | 11 |
| (Principal office address) | |
| 6615 W. BOYNION BEACH BLUD #312, BUYNION GCY, TE SEX39 | |
| (Current mailing address) | |
| 8. RECUITING OF MEDICAL DOCTORS AND RECATED ACTIVITIES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | |
| | |
| 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | |
| Name: GARY K. BOHNEN | |
| Name: GARY R. BOHNEN Office Address: 6615 W. BOYNTON BEACH, Florida 33437 (City) (Zip code) | |
| BOYINTON BEACH, Florida 33437 | |
|) (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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du | I |
| and I am familiar with and accept the obligations of my position as registered agent. | *63 |
| Logar Bolinas | |
| (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.

GARY R. BOHNEN, SERRY

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS |
|--|
| Chairman: RONDA K. NohNEN |
| Address: 665 W. BOYNTON Behf312 T |
| BOYNTON BCh, FC. 33437 |
| Vice Chairman: Division ROSE KUNTRIGHT |
| Address: N(A 315 N. ELM ST. |
| STANDBERRY NO 64489 |
| Director: RONDA LL BUHNEN |
| Address: SAME AS ABOUT |
| ES S T |
| Director: GALY R. BOHNEW |
| Address: 6615 W. BOYNTUN BC4 BCUD #312 Fig. 2 |
| BOYNTON BCh ta. 33437 |
| B. OFFICERS |
| President: RONDA W. BOHNEN |
| Address: 60015 W. Boymon Boh Bun # 312 |
| BOYNON BEACH, ILL 33437 |
| Vice President: GALLY R. BOHNEN |
| Address: |
| 6615 W. BOYNTON BUL BUD#312 BOYNTON BUG, FL, 33437 |
| Secretary: GARY R. BOHNON |
| Address: COUL W. BOYNTON BC 4 BUUD #3/2, BOYNTON But FE. 33437 |
| - (ARE DESIGNATION |
| Address: COULT W. BOYNTON BCH BLUD #312, BOYNTON BCH, FL. 33437 |
| NOTE: If necessary, you spay, attach an addendum to the application listing additional officers and/or directors. |
| 13 DONA TO TO TO SOLUTION OF THE SOLUTION OF T |
| (Signature of Director or Officer listed in number 12 of the application) |
| 14. GARY R. BOHNON, SERGIARY |
| (Typed or printed name and capacity of person signing application) |



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, dephereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTHPRO**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 21, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on October 18, 2004.

Dear Helle

DEAN HELLER Secretary of State

Ву

Certification Clerk

