

F05000004082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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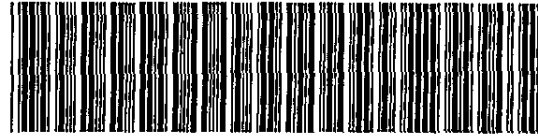
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J BRYAN JUL 18 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Computer Health Network, 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:

Harry S. Field
(Name of Person)
Law Offices of Harry S. Field
(Firm/Company)
77 West Washington, Suite 2111
(Address)
Chicago, Illinois 60602
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Harry S. Field at (312) 782-9377
(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

**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. Computer Health Network, Inc.

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

Trellis Health Partners

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

2. Illinois

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

3. 36-3973779

(FEI number, if applicable)

4. July 8, 1994

(Date of incorporation)

5. Perpetual

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

6. Have not transacted business in Florida as of date of application.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1721 Moon Lake Boulevard, Suite 500, Hoffman Estates, Illinois 60194

(Principal office address)

1721 Moon Lake Boulevard, Suite 500, Hoffman Estates, Illinois 60194

(Current mailing address)

8. See Attached Page

(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 NOT acceptable)

Name: Mariam Kunstmann

Office Address: 3191 Coral Way, Suite 600

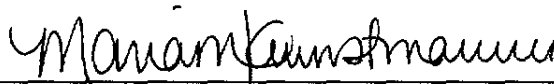
Miami, Florida 33145

(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.



(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: Michael Poulos

Address: 1721 Moon Lake Boulevard, Suite 500
Hoffman Estates, Illinois 60194

Vice Chairman: _____

Address: _____

Director: Thomas Fassbinder

Address: 1721 Moon Lake Boulevard, Suite 500
Hoffman Estates, Illinois 60194

Director: _____

Address: _____

B. OFFICERS

President: Michael Poulos

Address: 1721 Moon Lake Boulevard, Suite 500
Hoffman Estates, Illinois 60194

Vice President: _____

Address: _____

Secretary: Michael Poulos

Address: 1721 Moon Lake Boulevard, Suite 500, Hoffman Estates, Illinois 60194

Treasurer: Michael Poulos

Address: 1721 Moon Lake Boulevard, Suite 500, Hoffman Estates, Illinois 60194

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

13. 

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

14. Michael Poulos, President

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

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TALLAHASSEE, FLORIDA

File Number .

5789-456-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMPUTER HEALTH NETWORK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JULY 8, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JULY A.D. 2005

Jesse White

SECRETARY OF STATE