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TALLAHASSEE, FL 32305

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F05-6033
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mutual Hospital Service, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

John A Campbell

(Name of Person)

Mutual Hospital Service, Inc.

(Firm/Company)

2525 N. Shadeland Avenue #101

(Address)

Indianapolis, IN 46219

(City/State and Zip Code)

For further information concerning this matter, please call:

John A Campbell

(Name of Person)

at (317) 613-5977

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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SECRETARY OF STATE

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Mutual Hospital Service, Inc.

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Indiana

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

3. 35-1018171

(FEI number, if applicable)

4. February 1958

(Date of Incorporation)

5. Perpetual

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

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2525 N. Shadeland Avenue #101 Indianapolis, IN 46219

(Principal office address)

2525 N. Shadeland Avenue #101 Indianapolis, IN 46219

(Current mailing address)

8. Account receivable management - health care collections

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: CT Corporation Systems

Office Address: 1200 S. Pine Island Road

Plantation

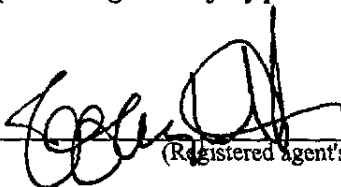
(City)

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.



Jeffrey R. Graves
Assistant Secretary

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Charlie Meadows

Address: 1500 N. Ritter Avenue
Indianapolis, IN 46219

Vice Chairman: Michael Foye

Address: 950 N. Meridian St. Suite 800
Indianapolis, IN 46204

Director: Rick Edwards

Address: 802 N. State Street
Greenfield, IN 46140

Director: Greg Anderson

Address: 1600 Albany Street
Beech Grove, IN 46107

B. OFFICERS

President: James Struck

Address: 2525 N. Shadeland Avenue #101
Indianapolis, IN 46219

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. James A. Struck
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Struck, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MUTUAL HOSPITAL SERVICE INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 20, 1958, and was in existence or authorized to transact business in the State of Indiana on September 28, 2005.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of September, 2005 .

TODD ROKITA, Secretary of State

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