

F06000003355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

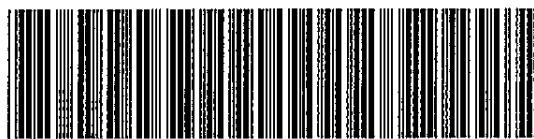
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only



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300071259223
05/09/06--01002--018 **78.75

RECEIVED
06 MAY -9 PM 1:55

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06 MAY -9 PM 2:05
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

Ann 5/9/06



www.supportiveinservices.com

TO: Secretary of State
FROM: Karen Wimbley
Supportive Insurance Services
RE: Certificate of Authority Application

Enclosed you will find the necessary requirements to issue a Certificate of Authority.
The certificate should be forwarded to:

Supportive Insurance Services, LLC
4207 E Flaningam Rd
Bruceville IN 47516

If you require any additional requirements, please contact me at (812) 324-2256 or
via email at kwimbley@supportiveinservices.com.

Enclosures

RECEIVED
MAY 8 - 2006
Sec. of State's Office

5/4/06 Ck # 5631 \$ 78.75

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WELLNET HEALTHCARE PLAN, 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:

Barbara Donnar

(Name of Person)

Supportive Insurance Services

(Firm/Company)

4207 E Flanigan Rd

(Address)

Bruceville IN 47516

(City/State and Zip code)

For further information concerning this matter, please call:

Barbara Donnar at (812) 324 2256
(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. THE WELLNET HEALTHCARE PLAN, INC.

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

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

2. PENNSYLVANIA

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

3. 23 3073174

(FEI number, if applicable)

4. 2/27/2001

(Date of incorporation)

5. perpetual

(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. 57 STREET ROAD, SUITE O Southampton PA 18966

(Principal office address)

same as above

(Current mailing address)

8. insurance agency marketing/sales

(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)

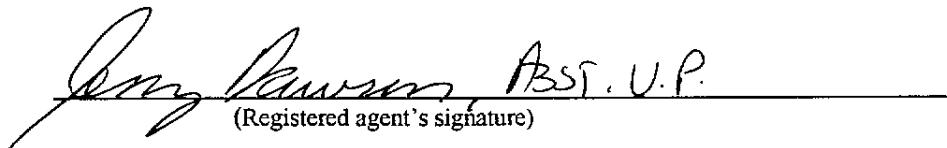
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.


Amy Lawson, Abs. U.P.
(Registered agent's signature)

06 MAY - 9 PM 2:06

DEPARTMENT OF STATE
FLORIDA
REGISTRATION
AND
OPERATIONS

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:

APR 14 2006

A. DIRECTORS

Chairman: Harry Kovar

Address: 57 Street Rd, Ste O

Southampton PA 18966

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Address: _____

B. OFFICERS

President: Harry Kovar

Address: 57 Street Rd, Ste O Southampton PA 18966

Vice President: Sandra Kovar

Address: 57 Street Rd, Ste O Southampton PA 18966

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. John Koen

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

14. Harry Kovar, 3 yrs.

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

April 28, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and records of this department, it appears that THE WELLNET HEALTHCARE PLAN, INC., incorporated February 27, 2001, is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

RECEIVED
DEPARTMENT OF STATE
COMMONWEALTH OF PENNSYLVANIA
MAY 9, 2006

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.



Patricia C. Centis
Secretary of the Commonwealth

STMARTZ

MAY 02 2006