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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Health Resources, Ltd. (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:	
Dr. Ranald Hammerle (Name of Person)	
Health Resources, Ltd.	
(Firm/Company)	
16041 La Costa Drive	
(Address)	
Weston FL 33326-1484 (City/State and Zip code)	-
(City/State and Zip code)	
For further information concerning this matter, please call:	
Ron Hammerle at (954) 579, 4124	
(Name of Person) at (954) 579, 4124 (Area Code & Daytime Telephone Number) 55	ر
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & \$87.50 Filing Fee,  Certificate of Status Certified Copy 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. Health Resources, Ltd. (Incorporated)
(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. MISSOUFI (State or country under the law of which it is incorporated) 3. 43-1071404 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Sand Ridge Drive - Valrico, FL 33594-4058
(Principal office address) La Costa Drive - Weston, FL 33326-1484 Any legal husiness of corporations
(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) Jennifer Lynn Suttmiller Name: 457 Sand Ridge Drive Office Address: Valrico , Florida 33594-4058 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.

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.

Charge Dyn Suttmuller

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

A. DIRECTORS	
Chairman: Ronald L. Hammerle	٠,٠
Address: 16041 La Costa Drive	
Weston, FL 33326-1484	-
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	-1-
Address:	**
B. OFFICERS	
Provident Ronald   Hammerla	
President: Ronald L Hammerle  Address: 16041 La Costa Drive	_
Address: Weston El 33376	
Weston, FL 33326  Vice President: Jennifer L. Suttmiller	٠,
Vice President: Definiter C. Sudmitter	
Address: 457 Sand Ridge Drive Valrico, FL 33594	
Secretary: Barbara L. Hammerle	-
Address: 16041 La Costa Drive, Weston, FL 33326	1.75
Treasurer: Ronald L. Hammerle	
Address: As above	-
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors.	
13. Smald Hammerle	
(Signature of Director or Officer listed in number 1) of the application)	•
14. Ronald L. Hammerle Chairman  (Typed or printed name and capacity of person signing application)	

## STATE OF MISSOURI



#### Robin Carnahan Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

### HEALTH RESOURCES, LTD. 00182560

was created under the laws of this State on the 30th day of March, 1976, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 16th day of August, 2006

n come

Secretary of State

Certification Number: 8973219-1 Reference: Verify this certificate online at http://www.sos.mo.gov/businessentity/verification