

**F86880007450**

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

Newport Health Network, Inc.

Certificate of Status	0
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12-1-06  
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**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. Newport Health Network, 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. California 3. 33-0687315  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/21/1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5970 Greenwood Plaza Blvd., Suite 210, Greenwood Village, CO 80111  
(Principal office address)

\_\_\_\_\_ \_\_\_\_\_  
(Current mailing address)

8. Hearing testing and sale of hearing aids.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: [Signature]  
(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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**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Larry Smullen

Address: 5970 Greenwood Plaza Blvd., Suite 210

Greenwood Village, CO 80111

Director: Paul Thompson

Address: 5970 Greenwood Plaza Blvd., Suite 210

Greenwood Village, CO 80111

**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Paul Thompson

Address: 5970 Greenwood Plaza Blvd., Suite 210, Greenwood Village, CO 80111

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Larry Smullen, CFO  
(Typed or printed name and capacity of person signing application)

**Attachment to Florida  
Officers & Directors**

1	Full Name:	Laura Smullen
	Officer/Director:	Officer, Director
	Officer's Title:	CEO
	Director's Title:	Other Director
	Business Address:	5970 Greenwood Plaza Blvd., Suite 2200 210
	City:	Greenwood Village
	State:	CO
	ZIP Code:	80111
2	Full Name:	Larry Smullen
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	5970 Greenwood Plaza Blvd., Suite 2200 210
	City:	Greenwood Village
	State:	CO
	ZIP Code:	80111
3	Full Name:	Valentin Chapero
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	5970 Greenwood Plaza Blvd., Suite 2200 210
	City:	Greenwood Village
	State:	CO
	ZIP Code:	80111

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

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TALLAHASSEE, FLORIDA

I, **BRUCE McPHERSON**, Secretary of State of the State of California, hereby certify:

That on the 21st day of December, 1995, **NEWPORT HEALTH NETWORK, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
November 19, 2006.



*Bruce McPherson*

**BRUCE McPHERSON**  
Secretary of State

NP-25 (REV 03/01/00)

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