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FOREIGN PROFIT/NONPROFIT CORPORATION

National Health Partners, Inc.

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60-81-1

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. National Health Partners, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
Health advantage One, inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana 3. 04-3786176
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/10/1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 120 Gibraltar Road, Suite 107, Horsham, PA 19044
(Principal office address)
same
(Current mailing address)
8. To assist people in obtaining affordable healthcare.
(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: CT 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.
CT Corporation System
By: ANN J. WILLIAMS
(Registered agent's signature) Assistant Vice President

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

Chairman: David M. Daniels

Address: 120 Gibraltar Road, Suite 107

Horsham, PA 19044

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: David M. Daniels

Address: 120 Gibraltar Road, Suite 107

Horsham, PA 19044

Vice President: Alex Soufflas

Address: 120 Gibraltar Road, Suite 107

Horsham, PA 19044

Secretary: Alex Soufflas

Address: 120 Gibraltar Road, Suite 107, Horsham, PA 19044

Treasurer: Alex Soufflas

Address: 120 Gibraltar Road, Suite 107, Horsham, PA 19044

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. Alex Soufflas, Vice President

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Patricia S. Bathurst
	Officer/Director:	Officer
	Officer's Title:	Vice President -- Marketing & Assistant Secretary
	Director's Title:	
	Business Address:	120 Gibraltar Road, Suite 107
	City:	Horsham
	State:	PA
	ZIP Code:	19044
2	Full Name:	David A. Taylor
	Officer/Director:	Officer
	Officer's Title:	Vice President -- Sales
	Director's Title:	
	Business Address:	120 Gibraltar Road, Suite 107
	City:	Horsham
	State:	PA
	ZIP Code:	19044

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

To Whom These Presents Come, Greeting:

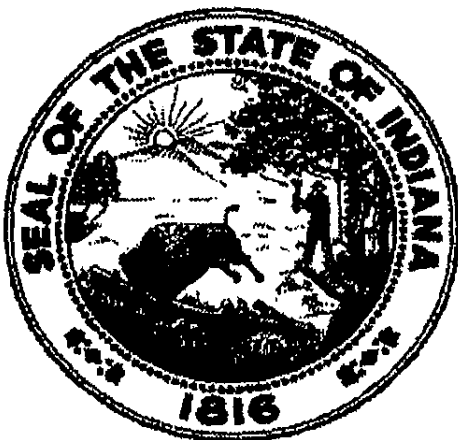
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NATIONAL HEALTH PARTNERS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 10, 1989, and was in existence or authorized to transact business in the State of Indiana on January 11, 2007.

I further certify this For-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 Eleventh Day of January, 2007.

TODD ROKITA, Secretary of State

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