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FOREIGN PROFIT/NONPROFIT CORPORATION

Health Investments, Inc.

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3/27/2007

**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. Health Investments, 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. Delaware 3. 62-1479520
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 01, 1991 5. Perpetual
(Date of incorporation) (Duration: Year crop, will cease to
exist or "perpetual")

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

7. Beach Manor #604, 9001 Hwy 98 West, Destin FL 32550
(Principal office address)

10859 Emerald Parkway West, Suite 204, Box 414, Miramar Beach, FL 32550
(Current mailing address)

8. Investment holding entity
(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.*

By: Robert S. Lane
(Registered agent's signature)

Robert S. Lane
Assistant Secretary

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TALLAHASSEE, FLORIDA

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:

A. DIRECTORS

Chairwoman: Emilie K. Johnson

Address: 1589 Appling Road, Cordova, TN 38016

Vice Chairman: _____

Address: _____

Director: Randy Mooney

Address: 1589 Appling Road, Cordova, TN 38016

Director: _____

Address: _____

B. OFFICERS

President: Ian Franklin, President

Address: 3417 Deer Creek Palladian Circle, Deerfield Beach, FL 33442

Vice President: _____

Address: _____

Secretary: Erin Franklin, Secretary

Address: 773 Sandy Hill Circle, Port Orange, FL 32127

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. Ian Franklin, President
(Typed or printed name and capacity of person signing application)

Delaware

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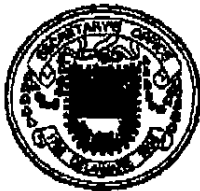
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH INVESTMENTS, INC." IS DOLY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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070359844



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5538552

DATE: 03-26-07