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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

## FOREIGN PROFIT/NONPROFIT CORPORATION

HTP INC.

Certificate of Status	0	
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TARY OF STATE HASSEE, FLORID,

# 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. HTP Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

·	able in Florida, enter alternate corporat	te name adopted for the purpose of transacting business in Florid
Ohio		3
•	under the law of which it is incorporate	· · · · · · · · · · · · · · · · · · ·
August 7,		<sub>5.</sub> Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
Upon Qua		siness in Florida, if prior to registration)
		2 607.1502, F.S., to determine penalty liability)
8720 Orio	n Place #300, Columbus	s, Ohio 43240
	(Principal off	·
	n Place #300, Columbus	. Obj. 10010
8720 Orio		
8720 Orio	(Current mail	
	(Current mai)	ling address)
Developin	(Current mai) g and operating a fully-in	ing address)  ntegrated healthcare information network  ate or country to be carried out in state of Florida)
Developin (Purpose(	(Current mail g and operating a fully-in s) of corporation authorized in home sta	ntegrated healthcare information network ate or country to be carried out in state of Florida)
Developin (Purpose)	(Current mail)  g and operating a fully-ir  s) of corporation authorized in home sta  et address of Plorida registered agent	ing address)  ntegrated healthcare information network  ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)
Developin (Purpose(	(Current mail) g and operating a fully-in s) of corporation authorized in home sta et address of Florida registered agent Corporation Service Co	ing address)  ntegrated healthcare information network  ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)
Developin (Purpose)	(Current mail)  g and operating a fully-ir  s) of corporation authorized in home sta  et address of Plorida registered agent	ing address)  Integrated healthcare information network  ate or country to be carried out in state of Florida)  It: (P.O. Box NOT acceptable)  Ompany  ACCEPTARY
Developin (Purpose) Name and stre	(Current mail) g and operating a fully-in s) of corporation authorized in home sta et address of Florida registered agent Corporation Service Co	ing address)  ntegrated healthcare information network  ate or country to be carried out in state of Florida)  at: (P.O. Box NOT acceptable)

and Railers

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.

and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Dennis Swartzlander
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Vice Chairman:
Address:
Authors
Director: Frederick R. Richards
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Director: Ramon M. Shealy (President and CEO)
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Address:
B. OFFICERS
President: Ramon M. Shealy (President and CEO)
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Vice President: Frederick R. Richards
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Secretary: Frederick R. Richards
Address: 8720 Orion Place #300, Columbus, Ohio 43240
Address:
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)
Ramon M. Sheafy, President and CEO  (Typed or printed name and capacity of person signing application)
(1) has at historia name and debasis at heroni signific application)

# ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR HTP INC.

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

#### A. DIRECTORS cont.

Director:

Randy Wilcox

Address:

8720 Orion Place #300, Columbus, Ohio 43240

Director:

Peter Pavarini

Address:

8720 Oxion Place #300, Columbus, Ohio 43240

Director:

Bill Cleverley

Address:

8720 Orion Place #300, Columbus, Ohio 43240

Director:

Aggie Haslup

Address.

8720 Orion Place #300, Columbus, Ohio 43240

1/1

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HTP INC., an Ohio Corporation, Charter No. 950059, having its principal location in Columbus, County of Franklin, was incorporated on August 07, 1996, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of March, A.D. 2007.

Ohio Secretary of State