

# F07000002946

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## To:

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Healthlinx Transitional Leadership, Inc.

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Estimated Charge	\$1,237.50

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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. Healthlinx Transitional Leadership, 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. Ohio**

(State or country under the law of which it is incorporated)

**3. 20-5693516**

(FEI number, if applicable)

**4. October 6, 2006**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. November 1, 2006**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 1404 Goodale Blvd., Suite 400, Columbus, Ohio 43212**

(Principal office address)

**1404 Goodale Blvd., Suite 400, Columbus, Ohio 43212**

(Current mailing address)

**8. To engage in any lawful business under the laws of the State of Florida**

(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: **Mary Beth M. Clary**

Office Address: **5801 Pelican Bay Blvd., Ste. 300**

**Naples**

(City)

**, Florida 34108**

(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.*

  
(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.

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

**A. DIRECTORS**Chairman: Matthew P. BerryAddress: 1404 Goodale Blvd., Suite 400  
Columbus, Ohio 43212

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**President: Matthew P. BerryAddress: 1404 Goodale Blvd., Suite 400  
Columbus, Ohio 43212

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

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

Secretary: Matthew P. BerryAddress: 1404 Goodale Blvd., Suite 400, Columbus, Ohio 43212Treasurer: Matthew P. BerryAddress: 1404 Goodale Blvd., Suite 400, Columbus, Ohio 43212

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. Matthew P. Berry, President

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

**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 HEALTHLINX TRANSITIONAL LEADERSHIP, INC., an Ohio corporation, Charter No. 1653083, having its principal location in Columbus, County of Franklin, was incorporated on October 06, 2006 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 5th day of June, A.D. 2007*

A handwritten signature in black ink, appearing to read "Jennifer Brunner", written in a cursive style.

Ohio Secretary of State