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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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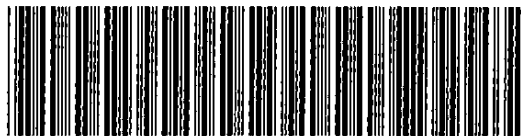
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

EP 1/28/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Care Excel, Incorporated
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kathleen Sparks

(Name of Person)

Health Care Excel, Incorporated

(Firm/Company)

2901 Ohio Boulevard

Suite 112

(Address)

Terre Haute, IN 47803-2239

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Sparks

(Name of Person)

at (812) 234-1499

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:

1. Health Care Excel, Incorporated
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Indiana 3. 35-1392974
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/1974 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Not applicable
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2629 Waterfront Parkway East Drive, Suite 200; Indianapolis, IN 46214
(Principal office address)
2901 Ohio Boulevard, Suite 112; Terre Haute, IN 47803-2239
(Current mailing address)
8. To lessen the burden of government by providing expertise in health care quality
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) improvement.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

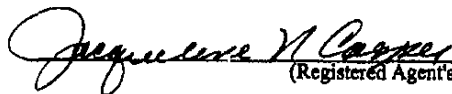
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.



Jacqueline N. Casper, Assistant VP
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Shirley Burns Powers, R.N.

Address: 2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Vice Chairman: Isaac J. Myers

Address: 2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Director: Sharon Smith

Address: 2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Director: Elizabeth McNamee, MPH

Address: 2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Sharon Smith (President and CEO)

Address: 2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Vice President: Not applicable

Address: _____

Secretary: Cindy Barton

Address: 2629 Waterfront Parkway East Drive, Suite 200; Indianapolis, IN 462

Treasurer: Kim Courtad

Address: 2629 Waterfront Parkway East Drive, Suite 200; Indianapolis, IN 462

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kim Courtad
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kim Courtad Treasurer
(Typed or printed name and capacity of person signing application)

**Health Care Excel, Incorporated
Corporation's Officers and Directors Addendum
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214**

Corporate Officers

Jason Nesius
Chief Financial Officer
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Mary Kapur
Chief Operating Officer and Assistant Secretary
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Board of Directors

Carol Ireson, RN, PhD
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

William C. Keeney
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Ray Gans
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Tom Kaecher
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Forrest Calico, MD
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Michael Hoover
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

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Wade Mountz
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

Jerry Chapman
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214

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

To Whom These Presents Come, Greetings:

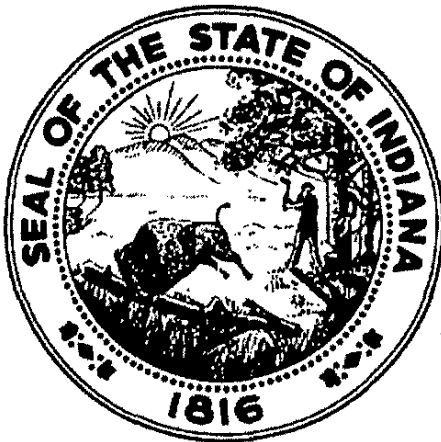
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HEALTH CARE EXCEL, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 20, 1974, and was in existence or authorized to transact business in the State of Indiana on December 14, 2008.

I further certify this Non-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 Fourteenth Day of December, 2008.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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