

F09000003264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

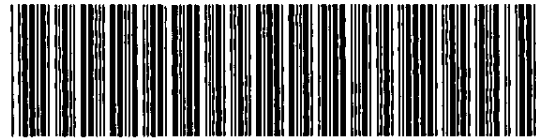
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC -6 PM 4:38
SECRETARY OF STATE
HALLMARKS OF PROGRESS

Aff:
Change
O/D for
Foreign Corp.
12/11/13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2013

STEVE MEAD
CONVEY HEALTH SOLUTIONS, INC.
13621 NW 12TH ST., #100
SUNRISE, FL 33323

SUBJECT: CONVEY HEALTH SOLUTIONS, INC.
Ref. Number: F09000003264

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 813A00025760

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Convey Health Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: F09000003264

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Mead

Name of Contact Person

Convey Health Solutions, Inc.

Firm/Company

13621 NW 12th Street, Suite 100

Address

Sunrise, FL 33323

City/State and Zip Code

licensingdept@conveyhs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Mead

Name of Contact Person

at **(954) 903-5154**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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13 DEC -6 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Convey Health Solutions, Inc.
2. This entity was authorized to transact business in Florida on 08/17/2009 and its Florida document
number is F09000003264
3. This corporation was formed under the laws of Delaware
4. The name and address of each officer and/or director is as follows:

Title:

CEO

Name and Address

Stephen Farrell

13621 NW 12th Street, Suite 100

Sunrise, FL 33323

COO

Jeff Bishop

13621 NW 12th Street, Suite 100

Sunrise, FL 33323

CFO

Tim Fairbanks

13621 NW 12th Street, Suite 100

Sunrise, FL 33323

(Attach additional pages if necessary)

Signature of an officer or director

TIM FAIRBANKS

Typed or printed name of person signing

CFO

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314