Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000248906 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-536B

\*\*Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.\*\*

Email Address:	Sec	Com	
Email Address:	 Sec	Com	

### FOREIGN PROFIT/NONPROFIT CORPORATION

Conifer Revenue Cycle Solutions, Inc.

,		
Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$70.00	



## **COVER LETTER**

TO:	O: New Filing Section Division of Corporations		
SUBЛ	ECT: Conifer Revenue Cycle Solutions, Inc.		
	Name of corpor	ration - must include suffix	
Dear Si	r or Madam:		
"Certifi	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good ced foreign corporation to transact business	n for Authorization to Transact Business in Florida," Standing and check are submitted to register the above in Florida.	
Please r	return all correspondence concerning this m	natter to the following:	
	Dor	nna Jarrell	
	Nam	ne of Person	
	Tener Healt	heare Corporation	
	Firm	/Company	
	1445 Ross A	Avenue, Suite 1400	
	,	Address	
	Dallas,	Texas 75202	
	City/St	ate and Zip code	
	donna.jarrel	l@tenethealth.com	
	E-mail address: (to be u	ised for future annual report notification)	
For furt	her information concerning this matter, ple	ease call:	
Donna J	arrell at (4	69 <sub>\ 893.2701</sub>	
		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: New Fiting Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	d is a check for the following amount:		
<b>⊠ \$</b> 70.0	00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Cop Certificate of Status & Certified Copy	

# 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.

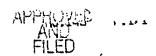
(II name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busines.	s in Florida)	
California		3.			
(State or country	under the law of which it is incorporated)		(FEI number, If applicable)		
October 23, 2001		5.	5. Perpetual		
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")		
N/A					
		7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ress)	SECRETARY TALLAHASSE	
Billing	(Current mailing	add	ress)	FLORIC FLORIC	
	) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	<u> </u>	
Name and street	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)		
Name:	C T Corporation System				
ffice Address:	1200 South Pine Island Road				
	Plantation,	_	, Florida <sup>33324</sup>		
			(Zip code)		

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

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.

FARE BOOK



12. Names and business addresses of officers and/or directors: 09 NOV 30 PM 2: UZ		
A. DIRECTORS SECHETAHY OF STATE		
Chairman: Stephen Mooney	TALLAHASSEE, FLORIDA	
Address: 2401 International Blvd., Suite ! 10		
Prisco, TX 75034	` `	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Stephen Mooney		
Address: 2401 International Blyd., Suite 110		
Frisco, TX 75034	i	
Vice President: Jeffrey Nieman		
Address: 2401 International Blvd., Suite 110		
Frisco, TX 75034		
Secretary: James Bans		
Address: 2401 International Blvd., Suite 110, Frisco,	ŤX 75034	
Treasurer: Isince Enna		
Address: 2401 International Blvd., Suite 110, Frisco,	TX 75034	
13.	ura to the application listing additional officers and/or directors.	
(Signature of Director or C	Officer listed in number 12 of the application)	
14. Stephen Mooney, President	and capacity of petacu signing application)	
(thhere at bitmen pane.	and nahours, or hereast arkings whimperion)	



# State of California Secretary of State

09 NOV 30 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

#### ENTITY NAME:

CONIFER REVENUE CYCLE SOLUTIONS. INC.

FILE NUMBER:

C2363926

FORMATION DATE:

10/23/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 23, 2009.

DEBRA BOWEN Secretary of State