

**F11000001365**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

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## From:

Account Name : C T CORPORATION SYSTEM  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
NPAS Affiliate, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Stivers MAR 31 2011

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NPAS Affiliate, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dora Blackwood

(Name of Person)

NPAS Affiliate, Inc.

(Firm/Company)

One Park Plaza

(Address)

Nashville TN 37203

(City/State and Zip code)

For further information concerning this matter, please call:

Dora Blackwood

(Name of Person)

at ( 615 ) 344-2162

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2861 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

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

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

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TALLAHASSEE, FLORIDA

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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. NPAS Affiliate, 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. TN

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

3. 300655717

(FEI number, if applicable)

4. 11/29/10

(Date of incorporation)

5. Perpetual

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

6. upon qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Park Plaza, Nashville, TN 37203

(Principal office address)

(Current mailing address)

8. Non-default Debt Collection

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

Danny Verdecchia  
(Registered agent's signature)

Danny Verdecchia, Jr. Asst. Secretary

(1. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

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

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

Director: Nicholas Eric Ward

Address: One Park Plaza

Nashville TN 37203

Director: Curtis Alan Warfield

Address: 2700 Blankenbaker Parkway

Louisville KY 40299

B. OFFICERS

President: Nicholas Eric Ward

Address: One Park Plaza

Nashville TN 37203

Vice President: Curtis Alan Warfield

Address: 2700 Blankenbaker Parkway

Louisville KY 40299

Secretary: \_\_\_\_\_

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

Treasurer: Nicholas Eric Ward See Attached List of Officers

Address: One Park Plaza Nashville TN 37203

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

13. Curtis Warfield 3/8/11  
(Signature of Director or Officer listed in number 12 of the application)

14. Curtis Alan Warfield Director, VP, Secretary  
(Typed or printed name and capacity of person signing application)

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**NPAS Affiliate, Inc.  
List of Officers**

**President, Director, Treasurer**  
Nicholas Eric Ward  
One Park Plaza  
Nashville, TN 37203

**Vice President, Director, Secretary**  
Curtis Alan Warfield  
2700 Blankenbaker Parkway, Suite 100  
Louisville, KY 40299

**Vice President, Asst. Secretary**  
Debra Davies Machos  
3600 Harwood Drive, Suite B  
Bedford, TX 76021

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TALLAHASSEE, FLORIDA

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**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CFS**  
**992 DAVIDSON DRIVE**  
**SUITE B**  
**Nashville, TN 37205**

March 17, 2011

**Request Type: Certificate of Existence/Authorization**  
**Request #: 0034204**

**Issuance Date: 03/17/2011**  
**Copies Requested: 1**

**Document Receipt**

**Receipt #: 387048**  
**Payment-Account - CFS, NASHVILLE, TN**  
**Filing Fee: \$20.00**  
**\$20.00**

**Regarding: NPAS Affiliate, Inc.**  
**Filing Type: Corporation For-Profit - Domestic**  
**Formation/Qualification Date: 11/28/2010**  
**Status: Active**  
**Duration Term: Perpetual**  
**Control #: 645313**  
**Date Formed: 11/28/2010**  
**Formation Locale: Davidson County**  
**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**NPAS Affiliate, Inc.**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Sheila Kealing

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TALLAHASSEE, FLORIDA

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