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TALLAHASSEE FLORIDA

MRS
6/29

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Goold Health Systems, 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," or "Certificate of Good Standing" 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:

Pat Coffin

Name of Person

Goold Health Systems

Firm/Company

45 Commerce Drive, Ste. 5

Address

Augusta, ME 04330-7889

City/State and Zip code

pcoffin@ghsinc.com

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

For further information concerning this matter, please call:

Pat Coffin

Name of Person

at (207) 622-7153, ext. 1312

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing 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

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 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. Goold Health Systems, 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. Maine 3. 01-0475134
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 27, 1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 45 Commerce Drive, Ste. 5, Augusta, ME 04330-7889
(Principal office address)

P.O. Box 1090, Augusta, ME 04332-1090
(Current mailing address)

8. Administrative Management and Healthcare Management Consulting Services
(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: CorpDirect Agents, Inc.

Office Address: 515 East Park Ave.

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Michelle Holden, Asst. Sec.
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Victoria Mulkern, President & Treasurer

Address: 45 Commerce Drive, Ste. 5, Augusta, ME 04330-7889

Vice President: William G. Waldron, Jr., Chairman of the Board

Address: 45 Commerce Drive, Ste. 5, Augusta, ME 04330-7889

Secretary: James A. Clair, CEO

Address: 45 Commerce Drive, Ste. 5, Augusta, ME 04330-7889

Treasurer: John Grotton, RPh, Exec. Vice-President of Pharmacy

Address: 45 Commerce Drive, Ste. 5, Augusta, ME 04330-7889

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. James A. Clair, CEO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Maine



Department of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that GOOLD HEALTH SYSTEMS, formerly GHS II, formerly GHS DATA PROCESSING SERVICES, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is May 27, 1992.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-third day of June 2011.



A handwritten signature in dark ink, reading "Charles E. Summers, Jr." with a stylized flourish at the end.

Charles E. Summers, Jr.
Secretary of State