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J. SHAMERS JUL 27 2011

Employers Direct Health



Florida Department of State Division of Corporations New Filing Section 2661 Executive Center Drive Tallahassee, FL 32301

July 19, 2011

To Whom It May Concern:

Please find enclosed an APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA.

Also enclosed is \$70.00 filing fee and certificate of fact from the State of Texas.

Please contact me at 910-401-9454 or klsherrill@edh.com if you have any questions

Thank you

Kelly Sherrill

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Employers Direct Health, Inc.		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reg above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Kelly Sherrill		
Name of Person		
Employers Direct Health, Inc.		
Firm/Company		
5050 Spring Valley Road	· · · · · · · · · · · · · · · · · · ·	
Dallas, TX 75244	ALLA J	ri veza
City/State and Zip code klsherrill@edh.com	ALLA IAM	— "I
E-mail address: (to be used for future annual report notification)	47.7	_ ;-
For further information concerning this matter, please call:	M 9: 23	y S. Salari S. _{Salari}
Kelly Sherrill at (910) 401-9454		
Name of Person 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:		
Certificate of Status Certified Copy Certified	0 Filing Fee, icate of Statu	ıs &

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.

i. Employers D	irect Health, Inc.					_
(Enter name of c	corporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"			-
						_
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting bu	siness in	Florida)	
_{2.} Texas		3.	75-2322062			_
(State or country	under the law of which it is incorporated)	_	(FEI number, if applicab	le)		
4, 3/30/1990		5.	Perpetual			_
(Date	e of incorporation)		(Duration: Year corp. will cease to exis	t or "per	petual")	
6						_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7, 5050 Sprin	g Valley Road, Dallas, TX 7	52	44			_
	(Principal office	add	ress)			
5050 Sprir	ng Valley Road, Dallas, TX	7	75244			
	(Current mailing	add	lress)			-

8			CD 11		2	_
(Purpose(s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida			PRESS COMME
9. Name and street	et address of Florida registered agent: ((P.C	D. Box NOT acceptable)	11.74 96.20	2	* II
Name:	Brian Anderson			Cab	o)	Ti Breen
0.00	1451 W. Cypross Crook Sui	to	300	74.	¥	1 1 7
Office Address:	1451 W. Cypress Creek, Sui	ıe		****	ف	5 a
	Fort Lauderdale		, Florida 33309	A.1.	23	
	(City)		(Zip code)			
	gent's acceptance:	a w ss	ing of process for the above stated corn	maratia	n at tha	nlaca
designated in this further agree to c	ned as registered agent and to accept so application, I hereby accept the appo- comply with the provisions of all statute with and accept the obligations of my	inti es i	ment as registered agent and agree to relative to the proper and complete pe	act in ti	his capa	city. I
	AB1	/				
_	(Registered agent's signature	ure)		,		

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: Mouzon Bass, III			
Address: 5050 Spring Valley Road	Ži.	F	
Dallas, TX 75244		يا	etro-
Vice President:	M-E	26	6400 Se
Address:	, Ta	A	, 1 , 1
		55 55	المدارية أأ
Secretary: Mouzon Bass, III	No.	ü	
Address: 5050 SpringValley Road, Dallas, TX 75244			
Treasurer:			
Address:			
NOTE: If negessary, you may attach an addendum to the application listing additional officers and	or direc	tors	
13. Nown Bors It Miseld	or unico	.0.0.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department	facts state	ated her	rein tutes :
third degree felony as provided for in <u>s.</u> 817.155, F.S.	i oi oian	, consti	inies (
14. Maray Bass III, PRESIDENT			
(Typed or printed name and capacity of person signing application)			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for Employers Direct Health, Inc. (file number 114832300), a Domestic For-Profit Corporation, was filed in this office on March 30, 1990.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 18, 2011

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Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Prepared by: Cassandra Banks Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 377806160002