#### Florida Department of State

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(((H12000011355 3)))



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#### FOREIGN PROFIT/NONPROFIT CORPORATION CENTER FOR HEALTH VALUE INNOVATION, INC.

Certificate of Status	0
Certified Copy	1
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J. Shivers JAN 1-6 2012

1/13/2012

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## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1	CENTER FOR HEALTI	1 VALUE INN	OVATION, INC.	•
(Name of corporation the name at a	oration: must include the word "INCORPOR lage as will clearly indicate that it is a corpor present. "Company" or "Co." may not be use	ATED" or "CORPOI ation instead of a nat d as a corporate suffi	RATION" or words or abbre ural person or partnership if x by a nonprofit corporation	eviations of like not so contained .)
n and manne an ,	MISSOURI	3 20-56533		•
(State or con	intry under the law of which it is incorporate	J	El number, if applicable)	<del></del>
A	10/03/2006	5	PERPETUAL	
4·(i	Date of Incorporation)	(Duration: Yes	ir corp. will cease to exist or	"perpetual")
6.	lucted affairs in Florida if prior to registration.	See sections 617:1501	& 617.1502. F.S. to determin	ne penalty liability.)
(Date instead	12545 OLIVE BOULEVARD, S			
l	(Princip	al office address)	LOOIG, INC 00111	
	•			
	12545 OLIVE BOULEVARD, S	SUITE 232, ST. I	_OUIS, MO 63141	
The Corne	currention's primary purpose is t		inform consumers	emalovers
	ty payors, healthcare provide			
8. value~bas	ed decision making for making corporation authorized in home state or cou	decisions rel	ated to healthcare	•
(Purpose(s) of	corporation authorized in home state or cou-	atry to be carried out	in the state of Florida)	<u>≯</u> ∽ ≥
			. 12.5	2012 JAN 13 SECTIONS TARY
. Name and str	eet address of Florida registered agent: (	P.O. Box NOT acc	eptable	
				AST E
Name:	ERIN E. HOUCK-TOLL			SSET 3
				177 m
Office Address:	1715 MONROE STREET			
	FORT MYERS	, Florida	33901	
	(City)		(Zip Code)	質量 四
10. Registered Having heen no	l agent's acceptance: imed as registered agent and to accept s	ervice of process fo	ne the above stated cornor	ration at the place
iesignoted in th	is application. I hereby accept the appli	intment as register	ed agent and agree to ac	t in this capacity. I
urther agree to	comply with the provisions of all statu ar with and accept the obligations of m	tes relative to the pr	roper and complete perfo	rmance of my duties,
na i am jumili	ur with and accept the voligations by m )	y position us registi	еген идет.	
		/		
			'	
	(Register	ed agent's signature)	<del></del>	<del>-</del>

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.

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2. Names and addresses of officers and/or directors:	
. DIRECTORS	
haurman: CYNTHIA NAYER	
ddress: 12545 OLIVE BOULEVARD, SUITE 232	
ST. LOUIS, MO 63141	
ice Chairman: KAVITA NAIR	·
ddress: 12545 OLIVE BOULEVARD, SUITE 232	
ST. LOUIS, MO 63141	····
irector: PETER HAYES	
ddress: 12545 OLIVE BOULEVARD, SUITE 232	
ST. LOUIS, MO 63141	
irector.	
.defress;	~
: OFFICERS	JAN AN
resident: CYNTHIA NAYER	SS S
ddress: 12545 OLIVE BOULEVARD, SUITE 232	The state of the s
ST. LOUIS, MO 63141	
ice President:	<u> </u>
ddress;	
COTEDATY: PETER HAYES	
hdress: 12545 OLIVE BOULEVARD, SUITE 232, ST. LOUIS, MO 63141	
easura:	
ldress:	
OTE: If necessary, you may attach an about dum to the application listing additional officers and/or d	lirectors.
(Signature of Chairman, Nice Chairman, or any officer listed in number 12 of the application	<del></del>
(Signature of Chairman, with the Chairman, or any others issed in number 12 of the application CYNTHIA NAYER, President	9
(Typed or printed name and capacity of person signing application)	

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## STATE OF MISSOURI



Robin Carnahan Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

SCORETAN OF STATE TALLAHASSEE, FLORES

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

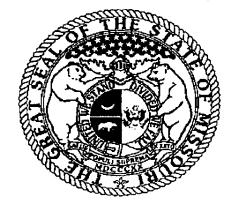
### CENTER FOR HEALTH VALUE INNOVATION N00768521

was created under the laws of this State on the 3rd day of October, 2006, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of January, 2012

n Amakan

Secretary of State



Certification Number: 14400652-1 Reference:
Verify this certificate online at https://www.sos.mo.cov/basine

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp