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Florida Department of State  
Division of Corporations  
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Account Number : FCA000000023  
Phone : (850) 222-1092  
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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  
ASSURERX HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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*K 01/25/12*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ASSURERX HEALTH, 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:

Karen Schellin

Name of Person

ASSURERX HEALTH, INC.

Firm/Company

6030 S. Mason Montgomery Road

Address

Mason, OH 45040

City/State and Zip code

kschellin@assurerxhealth.com and corpadmin@assurerxhealth.com

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

For further information concerning this matter, please call:

Karen Schellin

at ( 513 ) 234-0510

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:

- \$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. ASSURERX HEALTH, 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. DELAWARE 3. 271453375  
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12-08-2009 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. 6030 S. Mason-Montgomery Road Mason, OH 45040  
 (Principal office address)

6030 S. Mason-Montgomery Road Mason, OH 45040  
 (Current mailing address)

8. DNA lab performing test in state of Ohio with sales representation in Florida  
 (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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
 (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.*

C T Corporation System

By:   
**Debbie Diaz**  
 (Registered agent/Secretary)

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: John C. McIlwraith  
Address: 250 E. Fifth Street, Suite 1100  
Cincinnati, OH 45202

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

Director: George K. White  
Address: 701 East Byrd Street, 15th Floor  
Richmond, VA 23219

Director: Jack Kraeutler  
Address: 3471 River Hills Drive  
Cincinnati, OH 45244

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B. OFFICERS

President: (CEO & Treasurer) James S. Burns  
Address: 6030 S. Mason Montgomery Rd  
Mason, OH 45040

Vice President: (Executive VP, COO & Secretary) Donald R. Wright  
Address: 6030 S. Mason Montgomery Rd  
Mason, OH 45040

Secretary: (Assistant Secretary) David A. Willbrand  
Address: 312 Walnut Street #1400, Cincinnati, OH 45202

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

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. Donald R. Wright, Executive Vice President & Chief Operating Officer  
(Typed or printed name and capacity of person signing application)

**Board of Directors (continued)**

**James S. Burns**  
**6030 S. Mason Montgomery Road**  
**Mason, OH 45040**

**Mike Venerable**  
**30 West 3<sup>rd</sup> Street, 6<sup>th</sup> Floor**  
**Cincinnati, OH 45202**

**John Steuart**  
**300 Frank H Ogawa Plaza**  
**Suite 350**  
**Oakland, CA 94612**

**Brad Webb, Ph.D.**  
**300 Frank H Ogawa Plaza**  
**Suite 350**  
**Oakland, CA 94612**

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TALLAHASSEE, FLORIDA**

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSURERX HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9259386

DATE: 12-28-11