

F/2000000341

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000019502 3)))



H120000195023ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RECEIVED
12 JAN 24 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
12 JAN 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

3. 271453375

(FBI number, if applicable)

4. 12-08-2009

(Date of incorporation)

5. perpetual

(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)

12 JAN 24 PM 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

FILED
12 JAN 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 3rd Street, 6th 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

FILED

12 JAN 24 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Delaware

PAGE 1

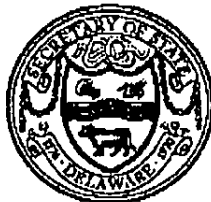
The First State

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.


FILED
12 JAN 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4762059 8300

111344581

You may verify this certificate online
at corp.delaware.gov/authvar.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9259386

DATE: 12-28-11