

**FL20000001467**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

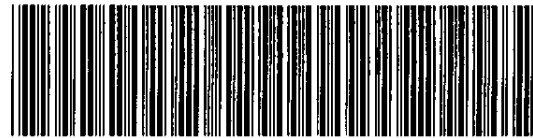
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/11-54683

MD 4/5

## COVER LETTER

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

**SUBJECT:** Occupational Health Strategies, 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:

Sandy Coach

Name of Person

The Boon Group, Inc.

Firm/Company

6300 Bridgepoint Parkway, Building 3, Suite 500

Address

Austin, TX 78730

City/State and Zip code

scoach@boongroup.com

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

For further information concerning this matter, please call:

Sandy Coach

Name of Person

at ( 512 ) 652-7545

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2011

SANDY COACH  
6300 BRIDGEPOINT PARKWAY  
BUILDING 3, SUITE 500  
AUSTIN, TX 78730

SUBJECT: OCCUPATIONAL HEALTH STRATEGIES, INC.  
Ref. Number: W11000054683

We have received your document for OCCUPATIONAL HEALTH STRATEGIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00024410

February 23, 2012

Florida Dept of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

FILED  
12 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

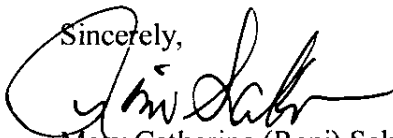
Re: Occupational Health Strategies, Inc

To Whom It May Concern:

Our firm would like to register to do business in the state of Florida. I have enclosed the following items required for the registration:

- Application by Foreign Corporation
- Fictitious Name Registration Certificate for Healthy Achievers
- Resolution of the Board of Directors to Adopt an Alternate Name
- Certificate of Good standing issued by the State of Florida for the parent company, The Boon Group, Inc.
- Certified copy of the Article of Inc for Occupational Health Strategies, Inc.
- Certified copy of Good Standing for Occupational Health Strategies, Inc.
- Dissolution Online Filing Certificate for Occupational Health Strategies, Inc. I filed the wrong paperwork as the corporation is a for-profit foreign corporation and we have no intention of revoking the dissolution, therefore, releasing the name for use with the attached application.

If you have any questions please call (800) 368-2666 ext. 7575.

Sincerely,  
  
Mary Catherine (Reni) Sakos  
President

**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.

FILED  
12 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Occupational Health Strategies, 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. New Hampshire

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

3. 02-0478132

(FEI number, if applicable)

4. 12/19/1994

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon approval

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

7. 280 Heritage Ave., Unit J, Portsmouth, NH 03801

(Principal office address)

6300 Bridgepoint Parkway, Building 3, Suite 500, Austin, TX 78730

(Current mailing address)

8. Nationwide provider of worksite wellness program.

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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.*

Carina L. Dunlap  
(Registered agent's signature)

Carina L. Dunlap  
Asst. Vice President

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: Robert Sterling Boon

Address: 6300 Bridgepoint Parkway, Bldg 3, Suite 500

Austin, TX 78730

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Mary Catherine (Reni) Sakos

Address: 6300 Bridgepoint Parkway, Bldg 3, Suite 500

Austin, TX 78730

Vice President: Kathy Sullivan, Vice President of Finance/Treasurer

Address: 6300 Bridgepoint Parkway, Bldg. 3, Suite 500

Austin, TX 78730

Secretary: Kristin K. Goodale

Address: 6300 Bridgepoint Parkway, Bldg. 3, Suite 500, Austin, TX 78730

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. Mary Catherine (Reni) Sakos, Director/President

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

FILED  
12 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of New Hampshire  
Department of State

CERTIFICATE

FILED  
12 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that OCCUPATIONAL HEALTH STRATEGIES, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on December 19, 1994. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 7<sup>th</sup> day of March, A.D. 2012

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner  
Secretary of State