F12000004457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W12000049561

$990.00

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09/25/12--01017--008 **87.50

10/30/12--01002--003 **990.00

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DIVISION OF CORPORATIONS
12 OCT 30 PM 2:25

11/1/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthnetwork Foundation, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Cerificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

R. Chad Brenner, Esq.
Name of Person

Brenner Kaprosy Mitchell, L.L.P.
Firm/Company

30050 Chagrin Blvd., Ste. 100

Address

Pepper Pike, OH 44124
City/State and Zip Code

rcbrenner@brenner-law.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

R. Chad Brenner at (216) 292-5555
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

September 26, 2012

R. CHAD BRENNER, ESQUIRE
30050 CHAGRIN BOULEVARD
SUITE 100
PEPPER PIKE, OH 44124

SUBJECT: HEALTHNETWORK FOUNDATION, INC.
Ref. Number: W12000049561

We have received your document for HEALTHNETWORK FOUNDATION, INC. and your check(s) totaling $87.50. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $990.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00024074

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DIVISION OF CORPORATIONS

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. Healthnetwork Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

3. 04-3804600
(FEI number, if applicable)

4. 11/23/04
(Date of Incorporation)

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

6. 11/23/04
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S, to determine penalty liability.*)

7. 33 River Street, Chagrin Falls, OH 44022
(Principal office address)

33 River Street, Chagrin Falls, OH 44022
(Current mailing address)

8. exclusively for charitable, religious, educational, and scientific purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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 (City), Florida 33324 (Zip Code)

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TALLAHASSEE, FLORIDA

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.

CT Corporation System

(Registered agent's signature)
Gil S. Apells, Asst. 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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attachment

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: See Attachment

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lisa Herchek
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa Herchek, Co-President
(Typed or printed name and capacity of person signing application)

Attachment to Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

12. Names and addresses of officers and/or directors:

A. Directors

Chairman: William W. Rowley

Address: 7590 Runnymeade, Chagrin Falls, OH 44022

Director: F. William Steere

Address: 731 Delaware Ave., Akron, OH 44303

Director: Robert M. Taylor

Address: 505 South Orange Avenue, Sarasota, FL 34236

B. Officers

Co-President: Lisa Herchek

Address: 12 Kensington Dr., Chagrin Falls, OH 44022

Co- President: Adam R. Kaufman

Address: 31 Astor Place, Rocky River, OH 44116

Secretary: F. William Steere

Address: 731 Delaware Ave., Akron, OH 44303

Treasurer: Robert M. Taylor

Address: 505 South Orange Avenue, Sarasota, FL 34236

United States of America
State of Ohio
Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HEALTHNETWORK FOUNDATION, INC., an Ohio not for profit corporation, Charter No. 1501859, having its principal location in Chagrin Falls, County of Cuyahoga, was incorporated on November 23, 2004 and is currently in GOOD STANDING upon the records of this office.

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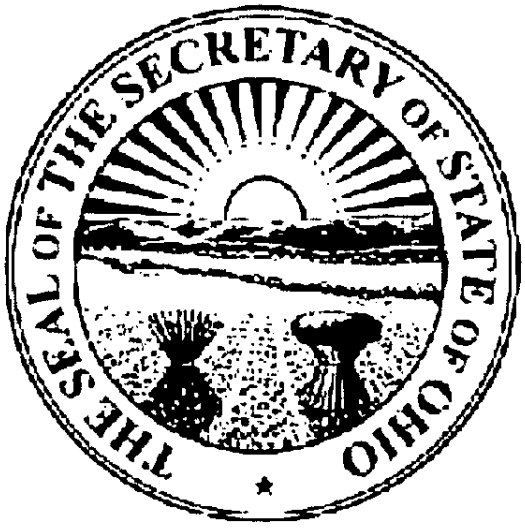

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of September, A.D. 2012

Jon Husted

Ohio Secretary of State

Validation Number: V2012255S3D1EB