

F/3000000589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

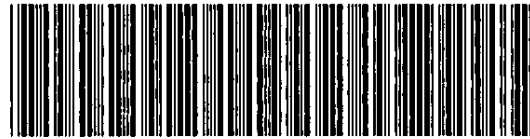
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W13-4793

K 02/07/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2013 FEB -6 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 24, 2013

KAREN WHITE
HEALTHTECH RECEIVABLES MANAGEMENT, INC.
3450 BUSCHWOOD PARK DRIVE, SUITE 240
TAMPA, FL 33618

SUBJECT: HEALTHTECH RECEIVABLES MANAGEMENT, INC.
Ref. Number: W13000004793

We have received your document for HEALTHTECH RECEIVABLES MANAGEMENT, 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):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 713A00001845

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HealthTech Receivables Management, 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 White

Name of Person

HealthTech Receivables Management, Inc.

Firm/Company

3450 Buschwood Park Drive, Suite 240

Address

Tampa, FL 33618

City/State and Zip code

kwhite@healthtechrm.com

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

For further information concerning this matter, please call:

Karen White

Name of Person

at (813) 935-4591

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. HealthTech Receivables Management, 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. 27-4293046**

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

(FEI number, if applicable)

4. 12/08/2010

5. perpetual

(Date of incorporation)

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

6. 03/01/2012

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3450 Buschwood Park Drive, Suite 240, Tampa, FL 33618

(Principal office address)

3450 Buschwood Park Drive, Suite 240, Tampa, FL 33618

(Current mailing address)

8. Service organization providing revenue cycle management & software

(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:

Karen White

Office Address:

3012 W Patterson St

Tampa

(City)

, Florida

33614

(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.

Karen White

(Registered agent's signature)

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jose E. Mojica

Address: 3450 Buschwood Park Dr, Suite 240, Tampa, FL 33618

Vice President: _____

Address: _____

Secretary: Lauren Himmelberger

Address: 3450 Buschwood Park Dr, Suite 240, Tampa, FL 33618

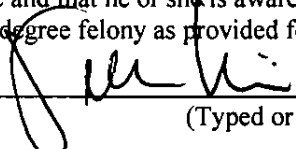
Treasurer: William Wilson

Address: 1825 Barrett Lakes Blvd, Suite 505, Kennesaw, GA 30144

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

13.  Jose E. Mojica, CEO
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.  CEO Jose E. Mojica, CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHTECH RECEIVABLES MANAGEMENT, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2013.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4909414 8300

130062979

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0153596

DATE: 01-17-13