Division of Corporations Electronic Filing Cover Sheet

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(((H13000069928 3)))



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To:

Division of Corporations

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From:

Account Name : CORPORATE ACCESS, INC.

Account Number : FCA00000011

Phone : (850) 222-2666 Fax Number

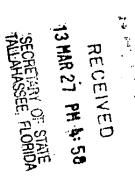
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FOREIGN PROFIT/NONPROFIT CORPORATION INGENIOS HEALTH CO.

Certificate of Status	0
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Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSMED 7 PM 1: 39

IN COMPLIANCE WITH SECTION \$07.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

REGISTER A FOI	REIGN CORPORA	TION TO TRANSACT.	BUSINESS IN THE STATE OF FLORIDA.
_L Ingenios	Health Co.		
(Enter name of c	orporation; must inc orp," "Inc," "Co." or	lude "TNCORPORA TED. "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter	alternate corporate name	adopted for the purpose of transacting business in Florida)
_{2.} Delaware)	3	22-3980671
		ich it is incorporated)	(FEI number, if applicable)
, June 18,	2008		Perpetual
***	of incorporation)		(Duration; Year corp. will cease to exist or "perpensil")
5			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7406 Fulls		i	cksonville, FL 32256
7. 7 400 1 dile	itori Odecot.	(Principal office add	
7406 Fulls	erton Street	, ,	csonville, FL 32256
- TOOT GITE	71.001	(Current mailing add	
	į	(3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_{s.} Health Ca	are Services	β	
(Purpose(s) of corporation auth	orized in home state or co	ountry to be carried out in state of Florida)
). Name and stree	u address of Florid	a registered agent: (P.0	O. Box NOT acceptable)
Name:	Kyle Talco	oft	
(Name:		ton Street, Suite :	
Office Address:	7400 Fuller	on Sheet, Suite	200
	Jacksonville), FL	. Florida 32256 (Zip code)
		(City)	(Zip code)
10. Registered as	gent's acceptance	:	
Having been nam designated in this further agree to c	ed as registered a application, I her omply with the pro	gent and to accept serviceby accept the appoint ovisions of all statutes t	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my of my position as registered agent.
_			
	J	(gogistored agent's s	ignature)
II. Attached is a the Department of	certificate of exists State, by the Sect	ence duly authenticated	, not more than 90 days prior to delivery of this application to fficial having custody of corporate records in the jurisdictio

under the law of which it is incorporated.

(((H13000069928 3))))

SEGRETARY OF STATE DIVISION OF CORPORATIONS

12. Names and business addresses of officers and/or director	ors
--	-----

13 MAR 27 PM 1: 39

A. DIR	ECTORS		J Y
Vice Cha	iman:		
Address:			
	· .		
Director:	Alan Pettis		
Address:	7406 Fullerton St	reet, Suite 200	
	Jacksonville, FL	32256	
Director:	John Shermyen		
Address:	7406 Fullerton St	eet, Suite 200	
	Jacksonville, FL	32256	
B. OFF President Address:	John Shermyen		
Vice Pres	rident:		
Address:		yn 4	
Secretary	Marilyn MacNive	n-Young	
Address:		reet, Suite 200, Jacksonville, FL 32256	
Treasurer	Kyle Talcott		
Address:		reet, Suite 200, Jacksonville, FL 32256	
NOTE:	If necessary, you may atta	ch an addendum to the application listing additional officers and/or directors.	
are true : a third d	and that he or she is aware to egree felony as provided fo	·	
14. Ky	le Talcott, Chief Fir		
	(Typed or)	printed name and capacity of person signing application)	٠
		(((H13000069928 3))))	

SECRETARY OF STATES

NamDIRE		of officers and/or directors:	ADDENDUM 1	: 13 MAR 27	PM 1: 39
Vice Chair	man:				
Address:				, <u> </u>	
– Director: ,	Samuel Kenna				
Address:	7406 Fullerton St				
	Jacksonville, FL	32256			
Director:	Frederick Mosele	y IV	alle balletige habbers propor over the sign of the		
Address:	7406 Fullerton St			•	
	Jacksonville, FL	32256			
B. OFFI	CERS		,		
President:					
Address:	 				
Vice Presi	dent:				
Address:					
Secretary:				(A) EA IIII	
Address:					
Treasurer:				· · · · · · · · · · · · · · · · · · ·	

ADDENDUM 2

Scor FILED	1
DIVISION OF CORPOR	P
OF CORPOR	IATE.
13 MAD OF	ALIONS
63 M80 A =	

12. Names and business addresses of officers and/or directors: A. DIRECTORS	13 MAR 27 PM 1:39
Chairman:	
Address:	
Vice Chairman:	
Address:	
Address: 7406 Fullerton Street, Suite 200	and the same of th
Jacksonville El 32256	
Director:	
Address:	
B. OFFICERS	
President:	
Addiress:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer.	
Address:	

Delaware 13 MAR 27 PM 1: 39

SEGRETARY OF STATE DIVISION OF CORPORATIONS

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INGENIOS HEALTH CO." 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-SIXTH DAY OF MARCH, A.D. 2013.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "INGENIOS HEALTH CO. " WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2008.

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

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL REPORTS BAVE BEEN FILED TO DATE.

4563654 8300

130359899

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

jolfrey W. Bullock, Secretary of State AUTHENTY CATION: 0312739

DATE: 03-26-13