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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

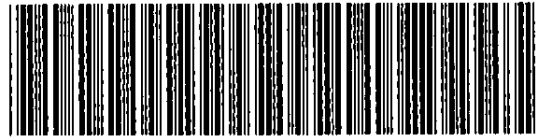
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
7/3/13



CORPORATION SERVICE COMPANY

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13 JUL -2 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195  
REFERENCE : 710609 7483755

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : July 1, 2013

ORDER TIME : 5:26 PM

ORDER NO. : 710609-005

CUSTOMER NO: 7483755

FOREIGN FILINGS

NAME: NEBO SYSTEMS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** NEBO Systems, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

laurie.markel@passporthealth.com

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

For further information concerning this matter, please call:

\_\_\_\_\_. at (\_\_\_\_\_) \_\_\_\_\_  
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. NEBO Systems, 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. Illinois 3. 36-3720182  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 10, 1990 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 24, 2013  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Passport Health Communications, Inc. 720 Cool Springs Blvd. Suite 200, Franklin, TN 37067  
(Principal office address)

c/o Passport Health Communications, Inc. 720 Cool Springs Blvd. Suite 200, Franklin, TN 37067  
(Current mailing address)

8. To engage in any act or activity for which corporation may be organized.  
(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)

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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.*

**Corporation Service Company**

By: *Shirley R. Knight*

(Registered agent's signature)

**Shirley R. Knight**  
**Assistant 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:

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A. DIRECTORS

Chairman: See attached list.

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Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: \_\_\_\_\_

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.

NEBO Systems, Inc.

13. By: *Crista Harwood*



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. Crista Harwood, Vice President

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

PASSPORT HEALTH COMMUNICATIONS, INC  
 SCHEDULE OF OFFICERS & DIRECTORS

OFFICERS		
NAME	TITLE	ADDRESS
SCOTT MACKENZIE	CHIEF EXECUTIVE OFFICER	720 COOL SPRINGS BLVD #200 FRANKLIN, TN 37067
CRISTA HARWOOD	VP/GENERAL COUNSEL/SECRETARY	720 COOL SPRINGS BLVD #200 FRANKLIN, TN 37067
DAVID WHITT	CHIEF FINANCIAL OFFICER	720 COOL SPRINGS BLVD #200 FRANKLIN, TN 37067
DIRECTORS		
NAME	TITLE	ADDRESS
JAMES V. LACKEY	BOARD MEMBER-CHAIRMAN	720 COOL SPRINGS BLVD #200 FRANKLIN, TN 37067
PHILLIP C. MOLNER, II	BOARD MEMBER	5900 LANDERBROOK DRIVE #200 CLEVELAND, OH 44124
WILLIAM P. COLLATOS	BOARD MEMBER	ONE INTERNATIONAL PLACE 28TH FLOOR BOSTON, MA 02110
JAMES J. QUAGLIAROLI	BOARD MEMBER	ONE INTERNATIONAL PLACE 28TH FLOOR BOSTON, MA 02110
MARK D. TABER	BOARD MEMBER	ONE LIBERTY SQUARE 13TH FLOOR BOSTON, MA 02109
MATTHEW T. VETTEL	BOARD MEMBER	ONE LIBERTY SQUARE 13TH FLOOR BOSTON, MA 02109
SCOTT MACKENZIE	BOARD MEMBER	720 COOL SPRINGS BLVD #200 FRANKLIN, TN 37067

OWNED 100% BY PASSPORT HOLDING CORPORATION 20-4499402

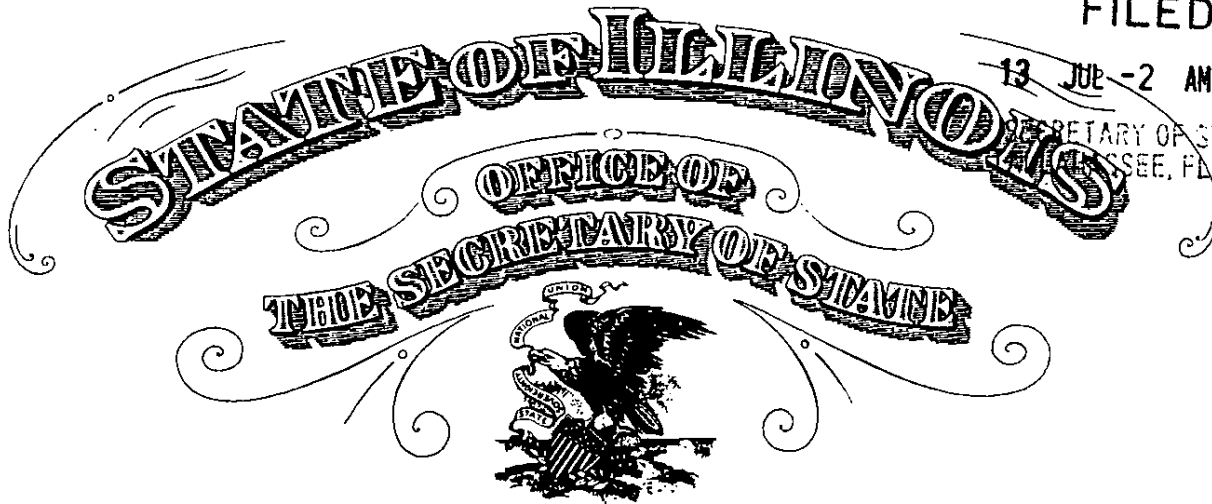
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 TALLAHASSEE, FLORIDA

File Number 5613-387-9

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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

NEBO SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 10, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of JULY A.D. 2013 .*



*Jesse White*

Authentication #: 1318202160

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE