

F13000004101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

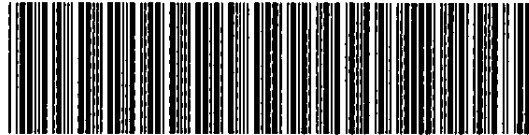
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF STATE CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/25/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 820266 7483755

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : September 24, 2013

ORDER TIME : 3:58 PM

ORDER NO. : 820266-005

CUSTOMER NO: 7483755

FOREIGN FILINGS

NAME: PASSPORT HEALTH
COMMUNICATIONS, 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: _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Passport Health Communications, 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:

Laurie Markel

Name of Person

Passport Health Communications, Inc.

Firm/Company

720 Cool Springs Blvd., Suite 200

Address

Franklin, TN 30767

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:

Laurie Markel

Name of Person

at (615) 946-8215

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

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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. Passport Health Communications, 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

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

3. 62-1741830

(FEI number, if applicable)

4. 04/16/2008

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 720 Cool Springs Blvd. Suite 200, Franklin, TN 37067

(Principal office address)

720 Cool Springs Blvd. Suite 200, Franklin, TN 37067

(Current mailing address)

8. To engage in any lawful act or activity for which corporations 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

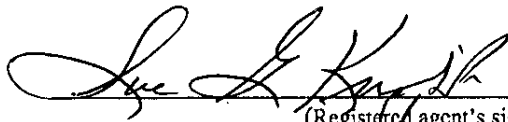
(City)

, Florida 32301

(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.



(Registered agent's signature)

Sue G. 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.

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

A. DIRECTORS

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Chairman: (See attached list)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: (See attached list)

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.

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 29TH FLOOR BOSTON, MA 02110
JAMES J. QUAGLIAROLI	BOARD MEMBER	ONE INTERNATIONAL PLACE 29TH 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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DIVISION OF CORPORATIONS

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PASSPORT HEALTH COMMUNICATIONS, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASSPORT HEALTH COMMUNICATIONS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0761310

DATE: 09-24-13