

F14000001499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

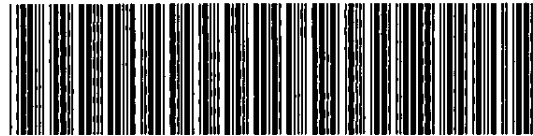
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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** iVantage Health Analytics 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:

Sue Colby

Name of Person

iVantage Health Analytics, Inc.

Firm/Company

509 Forest Avenue, Suite 250

Address

Portland, ME 04101

City/State and Zip code

scolby@ivantagehealth.com

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

For further information concerning this matter, please call:

Sue Colby

Name of Person

at ( 207 ) 518-6711

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. iVantage Health Analytics 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. 45-2735587**

*(FEI number, if applicable)*

**4. 7/12/11**

*(Date of incorporation)*

**5. Perpetual**

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

**6. 4/1/14**

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

**7. 509 Forest Avenue, Suite 250, Portland, ME 04101**

*(Principal office address)*

**509 Forest Avenue, Suite 250, Portland, ME 04101**

*(Current mailing address)*

**8. Provides business information and services to the healthcare industry**

*(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:

**C T Corporation System**

Office Address:

**1200 South Pine Island Road**

**Plantation**

*(City)*

**, Florida**

**33324**

*(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)*

**Bonnie A. Schuman - Assistant 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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: W. Hudson Connery, Jr.

Address: 25 Chestnut St., Suite 200S  
Portsmouth NH 03801

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

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

Director: Thomas Day

Address: 300 Chestnut St., Suite 101  
Portsmouth NH 03801

Director: Rowland Morrow, Jr.

Address: 25 Chestnut St., Suite 200S  
Portsmouth NH 03801

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**B. OFFICERS**

President: W. Hudson Connery, Jr.

Address: 25 Chestnut St., Suite 200S  
Portsmouth NH 03801

Vice President: Thomas Day

Address: 300 Chestnut St., Suite 101  
Needham MA 02492

Secretary: Rowland Morrow, Jr.

Address: 25 Chestnut St., Suite 200S, Portsmouth NH 03801

Treasurer: Robert Holman

Address: 25 Chestnut St., Suite 200S, Portsmouth NH 03801

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

13. W. Hudson Connery, Jr.

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. W. Hudson Connery, Jr.

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



## State of Delaware

The Official Website for the First State

***The Secretary of State of Delaware issued a certificate for IVANTAGE HEALTH ANALYTICS, INC. whose file number is 5005383 on 03/26/2014 under request number 140383598 for authentication number 1241524.***



# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVANTAGE HEALTH ANALYTICS, 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-SIXTH DAY OF MARCH, A.D. 2014.

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

5005383 8300

140383598



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1241524

DATE: 03-26-14