

F14000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

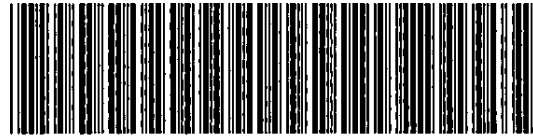
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Services Group, 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:

Stan Austin

Name of Person

Health Services Group, Inc.

Firm/Company

Moda Tower, 601 SW 2nd Ave.

Address

Portland, OR 97204

City/State and Zip code

~~chermaine.pun@moda.health.com~~ chermaine.pun@moda.health.com

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

For further information concerning this matter, please call:

Stan Austin

Name of Person

at (503) 417-3188

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 |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2014

STAN AUSTIN
MODA TOWER, 601 SW 2ND AVE.
PORTLAND, OR 97204

We have received your document for HEALTH SERVICES GROUP, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.," Please enter the alternate corporate name in the space provided in number one of the application.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 814A00006921

**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. Health Services Group, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Health Services Group, Inc~~ Moda Health, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

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

3. 93-1083363

(FEI number, if applicable)

4. 12-2-1991

(Date of incorporation)

5. perpetual

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

6. none prior to registration

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

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

7. Moda Tower, 601 SW 2nd Ave., Portland, OR 97204

(Principal office address)

Same

(Current mailing address)

8. Insurance services in OR (employee in Fl. is providing accounting services)

(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)

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.

Jerome L. Suarez

(Registered agent's signature)

Jerome L. Suarez, 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: Dr. David Howerton

Address: 601 SW 2nd Ave., Portland, OR 97204

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Vice Chairman: Mr. George Passadore

Address: 601 SW 2nd Ave., Portland, OR 97204

Director: Ms. Tracy Andrus

Address: 601 SW 2nd Ave., Portland, OR 97204

Director: Dr. Michael Biermann

Address: 601 SW 2nd Ave., Portland, OR 97204

B. OFFICERS

President: Robert G. Gootee

Address: 601 SW 2nd Ave., Portland, OR 97204

Vice President: none

Address: _____

Secretary: Thomas Bikales

Address: 601 SW 2nd Ave., Portland, OR 97204

Treasurer: _____

Address: _____

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

13. Thomas Bikales

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. Thomas Bikales, Secretary

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

Additional Directors for Health Services Group, Inc.

Dr. Michael McKeel
601 SW 2nd Ave., Portland, OR 97204

Mr. C.J. McLeod
601 SW 2nd Ave., Portland, OR 97204

Ms. Molly Bordonaro
601 SW 2nd Ave., Portland, OR 97204

Dr. Mark Jensen
601 SW 2nd Ave., Portland, OR 97204

Ms. Jill Eberwein
601 SW 2nd Ave., Portland, OR 97204

Dr. Jay Lamb
601 SW 2nd Ave., Portland, OR 97204

Dr. George J. Darke
601 SW 2nd Ave., Portland, OR 97204

Dr. Patrick Nearing
601 SW 2nd Ave., Portland, OR 97204

Mr. Robert Gootee
601 SW 2nd Ave., Portland, OR 97204

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CERTIFICATE

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State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

HEALTH SERVICES GROUP, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

December 2, 1991

and is active on the records of the Corporation Division as of
the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

March 18, 2014