

9/30/2014 13:22:39 From To 850-176381

Division of Corporations

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F14000004111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please attach original filing
date of submission 9/29

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
TRUBRIDGE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	056
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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(2/6)

850-617-6381

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September 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: TRUBRIDGE, INC.
REF: W14000059607

Please retain original filing
date of submission 9/29

We have received your document for TRUBRIDGE, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P09000044818 (TRU-BRIDGE, INC.).

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000228151
Letter Number: 914A00020879

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRUBRIDGE, 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:

JOELLE CHURIK

Name of Person

CT/NRAI

Firm/Company

208 SOUTH LA SALLE STREET, SUITE 814

Address

CHICAGO, IL 60604

City/State and Zip code

accounting@trubridgeinc.com

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

For further information concerning this matter, please call:

JOELLE CHURIK

at (312) 283-1715

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. **TRUBRIDGE, INC.**

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

TRUBRIDGE OF OHIO, INC.

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

2. **OHIO**

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

3. 26-0641675

(FEI number, if applicable)

4. **08/07/2008**

(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. **219 E. MAPLE STREET, SUITE 3000, NORTH CANTON, OHIO 44720**

(Principal office address)

219 E. MAPLE STREET, SUITE 3000, NORTH CANTON, OHIO 44720

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____

NRAI SERVICES, INC.

Office Address: _____

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

9. 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.

NRAI SERVICES, INC.

By: _____

(Registered agent's signature)

10. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 29 AM 11:12

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **MATT TUCKER**

Address: **219 E. MAPLE STREET, SUITE 3000**

NORTH CANTON, OH 44720

Director: **JIM TUCKER**

Address: **219 E. MAPLE STREET, SUITE 3000**

NORTH CANTON, OH 44720

B. OFFICERS

President: **MATT TUCKER**

Address: **219 E. MAPLE STREET, SUITE 3000**

NORTH CANTON, OH 44720

Vice President: **JOE GROSKO**

Address: **219 E. MAPLE STREET, SUITE 3000**

NORTH CANTON, OH 44720

Secretary: **JIM TUCKER**

Address: **219 E. MAPLE STREET, SUITE 3000, NORTH CANTON, OH 44720**

Treasurer: **JIM TUCKER**

Address: **2196 E. MAPLE STREET, SUITE 3000, NORTH CANTON, OH 44720**

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

12.  _____
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.

13. **MATT TUCKER, PRESIDENT** _____
(Typed or printed name and capacity of person signing application)

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TRUBRIDGE, INC., an Ohio corporation, Charter No. 1798881, having its principal location in North Canton, County of Stark, was incorporated on August 7, 2008 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of September, A.D. 2014.

Jon Husted

Ohio Secretary of State

Validation Number: 201426901737