

F14000005068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Certified Copies _____ Certificates of Status _____

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2014 DEC -2 PM 4:39
TO: ALABAMA
SUFFOLK COUNTY OF FLORIDA

2014 DEC -2 AM 9:17
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TALLAHASSEE, FLORIDA

12/3/14
pk



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 397767 7912514

AUTHORIZATION :

COST LIMIT :

\$ 50.00

ORDER DATE : December 2, 2014

ORDER TIME : 2:34 PM

ORDER NO. : 397767-005

CUSTOMER NO: 7912514

FOREIGN FILINGS

NAME: NAVIHEALTH, 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: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAVIHEALTH, 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:

ANGELA MARSHALL

Name of Person

NAVIHEALTH, INC.

Firm/Company

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301

City/State and Zip code

compliance@mail@cscinfo.com

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

For further information concerning this matter, please call:

KEITH THOMPSON

at (615) 577-1915

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. NAVIHEALTH, 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 3. 36-4719151
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027
(Principal office address)
10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027
(Current mailing address)

8. 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)

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.

Corporation Service Company

By: 

(Registered agent's signature)

Paul Gottlieb
Vice President

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SECRETARY OF STATE

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.

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

A. DIRECTORS

Chairman: TOM SCULLY

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

Vice Chairman: N/A

Address: _____

Director: SEAN TRAYNOR

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

Director: CLAY RICHARDS

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

B. OFFICERS

President: CLAY RICHARDS

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

Vice President: KEITH THOMPSON

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

Secretary: KEITH THOMPSON

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

Treasurer: KAREY WITTY

Address: 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027

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

12. Keith E. Thompson 12-2-14

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. KEITH E. THOMPSON, VICE PRESIDENT AND SECRETARY

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAVIHEALTH, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

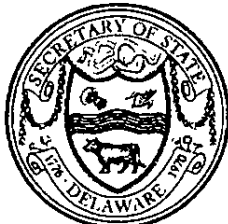
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAVIHEALTH, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2011.


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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5085193 8300

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1788632

DATE: 10-17-14