

4/20/2015 10:33 AM From: T 850 763 1111/6
Division of Corporations

F15000001680

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 612-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000003
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
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****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

Health Resources Corporation

Certificate of Status	0
Certified Copy	1
Page Count	05/6
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 15 PM 12:54

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AND
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VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Resources Corporation

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:

Betsy O'Keefe

Name of Person

Health Resources Corporation

Firm/Company

600 W Cummings Park

Address

Woburn, MA 01801

City/State and Zip code

betsy.okeefe@allonehealth

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

For further information concerning this matter, please call:

Betsy O'Keefe

at (781)

938-4665

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

4/20/2015 10:10:33 AM From: To: 8506176381(2/6)
850-617-6381 4/16/2015 11:25:05 AM FROM 1/001 FAX SERVER



April 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: ALLONE HEALTH
REF: W15000026511

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date of submission 4/15

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000092892
Letter Number: 715A00007590

15 APR 20 AM 10:57

P.O BOX 6327 - Tallahassee, Florida 32314

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AND
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECRETARY OF STATE
TALLAHASSEE, 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 Resources Corporation

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

AllOne Health Resources Inc.

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

2. Massachusetts

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

3. 04-2488836

(FEI number, if applicable)

4. September 14, 1971

(Date of incorporation)

5. Perpetual

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

6. 01/01/2015

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

7. 600 W Cummings Park, Woburn, MA 01801

(Principal office address)

(Current mailing address)

8. 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)

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.

C T Corporation System

By: 

Tammy Tofteroo
Vice President

(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.

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AND
FILED

15 APR 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: John P. Moses

Address: 19 North Main Street

Wilkes Barre, PA 18711

Vice Chairman: Dennis Cesare

Address: 19 North Main Street

Wilkes Barre, PA 18711

Director: Frank Apostolico

Address: 19 North Main Street

Wilkes Barre, PA 18711

Director: Gary F. Lamont

Address: 19 North Main Street

Wilkes Barre, PA 18711

B. OFFICERS

President: Keith Wasley

Address: 600 W Cummings Park

Woburn, MA 01801

Vice President: Deborah Talbot

Address: 600 W Cummings Park

Woburn, MA 01801

Secretary: Gertrude C. McGowan

Address: 19 North Main Street, Wilkes Barre, PA 18711

Treasurer: William Ferrell

Address: 19 North Main Street, Wilkes Barre, PA 18711

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, P.S.

13. Keith Wasley (President)

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

APPROVED
AND
FILED



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

15 APR 15 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

MULTI-PHASIC HEALTH SCREENING, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on September 14, 1971.

I also certify that by Articles of Amendment filed here August 11, 1981, the name of said corporation was changed to

HEALTH RESOURCES CORP.

I further certify that by Articles of Amendment filed here November 20, 1987, the name of said corporation was changed to

HEALTH RESOURCES CORPORATION

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By TAA