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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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

Alltran Health Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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K. SALY
EXAMINER
JUL -7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProSource Billing, 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:

Stacy Mosher

Name of Person

Array Services Group, Inc.

Firm/Company

200 14th Avenue East

Address

Sartell, MN 56377

City/State and Zip code

stacy.mosher@arraysg.com

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

For further information concerning this matter, please call:

Stacy Mosher

at (320) 493-3078

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Alltran Health Services, 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. Minnesota 3. 41-1843589
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05-28-1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 14th Avenue East, Sartell, MN 56377
(Principal office address)

(Current mailing address, if different)

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, FL 33324 Florida _____
(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.

C T Corporation System

By: Kristin Bolden Kristin Bolden
Assistant Secretary
(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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please refer to enclosed listing

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please refer to enclosed listing

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Jayne R. Woehl

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Jayme R. Woehl, Vice President Finance and Treasurer

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

#11 A and 11 B

Alltran Health Services, Inc.
CORPORATE OFFICERS & BOARD OF DIRECTORS

Name/Title	Corporate Officer	Member Board of Directors	Business Address
Kevin T. Keleghan Chief Executive Officer	yes	yes	United Recovery Systems, LP 5800 North Course Drive Houston, TX 77072
Robert D. Magnuson President	yes	no	J.C. Christensen & Associates, Inc. 200 14th Avenue East Sartell, MN 56377
George A. Williams Chief Financial Officer	yes	yes	United Recovery Systems, LP 5800 North Course Drive Houston, TX 77072
Chad R. Lemke Chief Operating Officer	yes	yes	J.C. Christensen & Associates, Inc. 200 14th Avenue East Sartell, MN 56377
Jayne R. Woehl Vice President, Finance/Treasurer	yes	no	J.C. Christensen & Associates, Inc. 200 14th Avenue East Sartell, MN 56377
Michael K. Strachan Secretary	yes	no	United Recovery Systems, LP 5800 North Course Drive Houston, TX 77072

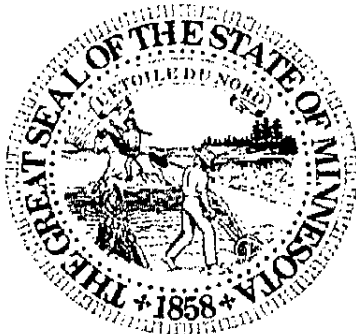
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Alltran Health Services, Inc.
Date Filed:	05/28/1996
File Number:	9E-948
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/06/2016



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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