

F16000003532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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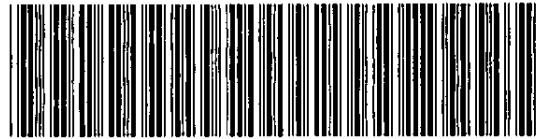
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG -8 A 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 9 2016
16 AUG -8 AM 10:59

S Warren

AUG 09 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 158687 8011864

AUTHORIZATION :

COST LIMIT : \$2726.00

ORDER DATE : May 27, 2016

ORDER TIME : 9:32 AM

ORDER NO. : 158687-190

CUSTOMER NO: 8011864

FOREIGN FILINGS

NAME: MEDICAL SOLUTIONS HOLDINGS,
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: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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. Medical Solutions Holdings, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Nebraska Medical Solutions Holdings, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 47-4758797
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 22, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 22, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Attn: Accounting Department, 1010 N 102nd St, Suite 300, Omaha, NB 68114
(Principal office address)

(Current mailing address, if different)

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)

Melissa Zender
Asst. Vice President

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached.

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.  _____
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. Peter N. Magas, Vice President _____
(Typed or printed name and capacity of person signing application)

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2017-03-03 A 10:24
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Medical Solutions Holdings, Inc.

Officers

<u>Name</u>	<u>Title(s)</u>	<u>Business Address</u>
Gregoary A. Moerschel	President	131 S Dearborn St, Suite 2800 Chicago, IL 60603
Peter N. Magas	Vice President, Secretary	131 S Dearborn St, Suite 2800 Chicago, IL 60603
John Kneen	Chief Financial Officer	131 S Dearborn St, Suite 2800 Chicago, IL 60603

Directors

<u>Name</u>	<u>Title(s)</u>	<u>Business Address</u>
Gregory A. Moerschel	Director	131 S Dearborn St, Suite 2800 Chicago, IL 60603
Peter N. Magas	Director	131 S Dearborn St, Suite 2800 Chicago, IL 60603
Scott Anderson	Director	131 S Dearborn St, Suite 2800 Chicago, IL 60603
Craig Meier	Director	131 S Dearborn St, Suite 2800 Chicago, IL 60603
Jesse Bland	Director	131 S Dearborn St, Suite 2800 Chicago, IL 60603

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FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SOLUTIONS HOLDINGS, 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 FOURTH DAY OF AUGUST, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SOLUTIONS HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2015.

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



5790100 8300

SR# 20165230782...

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202776510

Date: 08-04-16