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K. SALY  
OCT -5 2016

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Healthcare Services Platform Consortium, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Laura Heermann-Langford  
Name of Person

Healthcare Services Platform Consortium, Inc.  
Firm/Company

5171 Cottonwood Street, Suite 220  
Address

Murray, UT 84107  
City/State and Zip Code

Laura.Heermann@i mail.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Cross at (480) 237-9202  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

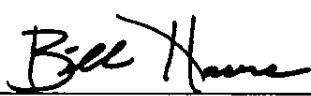
**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Healthcare Services Platform Consortium, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 47-2066463  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 22, 2014 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. June 27, 2016 (pay date of July 15, 2016)  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5171 Cottonwood Street, Suite 220, Murray, UT 84107  
(Principal office address)  
  
5171 Cottonwood Street, Suite 220, Murray, UT 84107  
(Current mailing address, if different)
8. Charitable Purposes - Improve health by creating a vibrant, open ecosystem of interoperable applications, knowledge,  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
  
Name: REGISTERED AGENTS INC.  
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, Florida 33607  
(City) (Zip Code)
10. **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.*  
  
  
(Registered agent's signature)
11. 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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DEPT OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Stanley M. Huff

Address: 5171 Cottonwood Street, Suite 220  
Murray, UT 84107

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: CEO - Oscar Diaz

Address: 5171 Cottonwood Street, Suite 220  
Murray, UT 84107

Vice President: COO - Laura Heermann-Langford

Address: 5171 Cottonwood Street, Suite 220  
Murray, UT 84107

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Stanley M. Huff, Chairman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stanley M. Huff, Chair of the Board  
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE SERVICES PLATFORM CONSORTIUM, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE SERVICES PLATFORM CONSORTIUM, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2014.

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OFFICE OF STATE  
TREASURER  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

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SR# 20165859950

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203026539

Date: 09-20-16