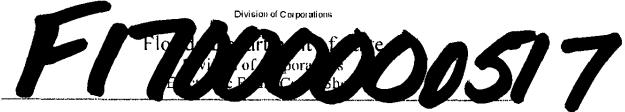
2/2/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		•
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## FOREIGN PROFIT/NONPROFIT CORPORATION

### HM Health Solutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

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## COVER LETTER

TO:		tration Section of Corp							
SUBJ	ECT:	HM Healt	h Solutions Inc.						
				of corporation	ı - must	include suffix			
Dear S	Sir or M	adam:							
"Certi	ficale o	l'Existence		e of Good Sta	nding? a	ind check are su		ness in Florida,' to register the	,
Please	return :	all.corresp	ondence concer	ning this matte	r to the	following:			
Laura	. Zalazni	k							
	\			Name of	Person				
Higho	ark Hea	lth							
				Firm/Con	npany				-
120 Fi	Ah Aver	nie, Fifib A	venue Place, Stc.	2180					
				Addr	ess		-		
Pittsb	urgh, PA	15222							
				City/State a	ınd Zip e	code			
laura.:	zalaznik	@highmark				·			
			E-mail addres	s: (to be used	for futu	re annual report	notifica	ition)	
For fu	rther inf	ormation (	concerning this	natter, please	call;				77
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	Regis Divisi Clifto 2661	tration Sec on of Corp n Building	oorations Center Circle	SS:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section- Corporat 27	ions	,
Enclos	ed is a	check for t	he following an	iount;				•	
<b>□</b> \$70	).00 Fili	ing Fee	\$78.75 Filin Certificate			5 Filing Fee & lied Copy	(	87.50 Fifing Fee Certificate of Str	atus &

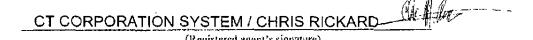
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. HM Health Soli	itions Inc.				
	orporation; must include "INCORPORATED, crp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N."		
(H name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)		
2. Pennsylvania	3.	46-3823617			
(State or countr	y under the law of which it is incorporated)				
4: 09/30/2013	5				
	of incorporation)	(Date of duration, if other	r than perpetual)		
5.					
J	(Date first transacted business i	is Florida, if prior to registration)			
	(SEE SECTIONS 607:1501 & 607.1	502, E.S., to determine penalty liabi	lity)		
7. 120 Fifth Avenue	, Fifth Avenue Place, Pittsburgh, PA 15222				
* * , . *		pal office address)			
	(Current maili	ng address, if different)	وحم اح		
		r	77.00		
3. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
21	CT Corporation System.				
Name:	1200 C Diss. L.L 1 D 1		(A) 12		
Office Address:	1200 South Pine Island Road	PTCP 3	TIE TO		
	Planation	. Florida	63. Và		
	(City)	(Zip code)			
	(2.20)	(	င္းေတ		

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.



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.

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida HM Health Solutions Inc.

11.A. - Directors

Director:

Deborah L. Rice-Johnson

Address:

120 Fifth Avenue, Fifth Avenue Place

Pittsburgh, PA 15222

11.B. - Officers

Assistant Secretary: Diana E. Leech

Address:

120 Fifth Avenue, Fifth Avenue Place

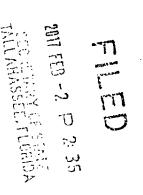
Pittsburgh, PA 15222

Assistant Treasurer: Michael T. Kowalski

Address:

120 Fifth Avenue, Fifth Avenue Place

Pittsburgh, PA 15222



1400

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/02/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HM Health Solutions Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: TSC170202120921-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx