

2/2/2017

Division of Corporations

# F1700000517

**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)288-0845

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

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

## FOREIGN PROFIT/NONPROFIT CORPORATION

### HM Health Solutions Inc.

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

2017 FEB -2 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB -2 PM 2:55

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HM Health Solutions 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:

Laura Zalaznik

Name of Person

Highmark Health

Firm/Company

120 Fifth Avenue, Fifth Avenue Place, Ste. 2180

Address

Pittsburgh, PA 15222

City/State and Zip code

laura.zalaznik@highmarkhealth.org

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

For further information concerning this matter, please call:

Laura Zalaznik

at ( 412 )

544-6940

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

# 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. HIM Health Solutions 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. Pennsylvania 3. 46-3823617  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/30/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

CT CORPORATION SYSTEM / CHRIS RICKARD

(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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2017 FEB -2 P 2:35  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: David Lynn HolmbergAddress: 120 Fifth Avenue, Fifth Avenue PlacePittsburgh, PA 15222Vice Chairman: N/A

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

Director: Matthew Vincent Thomas RayAddress: 120 Fifth Avenue, Fifth Avenue PlacePittsburgh, PA 15222Director: Karen Lynn HanlonAddress: 120 Fifth Avenue, Fifth Avenue PlacePittsburgh, PA 15222

## B. OFFICERS

President: Matthew Vincent Thomas RayAddress: 120 Fifth Avenue, Fifth Avenue PlacePittsburgh, PA 15222Vice President: N/A

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

Secretary: Edward A. Bittner, Jr.Address: 120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222Treasurer: Karen Lynn HanlonAddress: 120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

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

12. Diana E. Leech

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. Diana E. Leech, Assistant Secretary

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

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TALAMON, LINDA A.

**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

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TALLAHASSEE, FLORIDA  
CLERK OF COURT

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.

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC170202120921-1

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