

F17000000565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

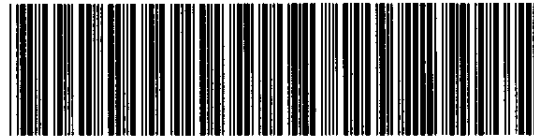
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900295189349

02/06/17--01010--003 \*\*70.00

2017 FEB -6 A 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
DEPT. OF REVENUE  
17 FEB -6 PM 12:29

S Warren

FEB 07 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

2-6-17

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

Foreign

1.

Alliant Health Solutions, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT: ALLIANT HEALTH SOLUTIONS, 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:**

Name of Person

**Registered Agent Solutions, Inc.**

Firm/Company

**1701 Directors Blvd**

## Suite 300

### Address

Austin TX 78744

City/State and Zip Code

**Will.Battles@AlliantHealth.org**

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

**For further information concerning this matter, please call:**

Name of Person

at ( )

Area Code &amp; 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. ALLIANT HEALTH SOLUTIONS, 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.)

**2. Georgia**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 7/11/2007**

(Date of Incorporation)

**5. perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

**7. 1455 Lincoln Parkway E Suite 800 Atlanta, GA 30346**

(Principal office address)

**1455 Lincoln Parkway E Suite 800 Atlanta, GA 30346**

(Current mailing address)

**8. Educational/Scientific: serving public health care programs**

(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 Agent Solutions, Inc.**

Office Address: **155 Office Plaza Dr. Suite A**

**Tallahassee**

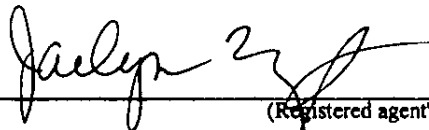
(City)

, Florida **32301**

(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.*



JACLYN WRIGHT, ASSISTANT SECRETARY

(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.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB -4 A 10:20

FILED

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Dennis L. White

Address: 1455 Lincoln Parkway E Suite 800 Atlanta, GA 30346  
\_\_\_\_\_

Vice President: Carol Allen

Address: 1455 Lincoln Parkway E Suite 800 Atlanta, GA 30346  
\_\_\_\_\_

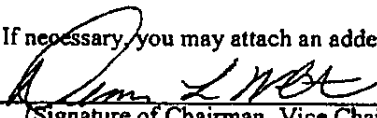
Secretary: \_\_\_\_\_

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

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

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

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

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

14. Dennis L. White - President / CEO  
(Typed or printed name and capacity of person signing application)

FILED  
2011 OCT 16 A 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ALLIANT HEALTH SOLUTIONS, INC.**

**a Domestic Nonprofit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 14001262
Date Inc/Auth/Filed	: 07/11/2007
Jurisdiction	: Georgia
Print Date	: 02/06/2017
Form Number	: 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State