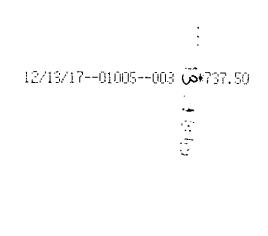
# F17000005580

(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:					
-					
Special Instructions to Filing Officer:					

Office Use Only



500306461575





DEC 13 2017 Y SULKER



Brian C. Chase
Managing Attorney
brian@atlaslaw.com
www.atlaslaw.com

P 813.241.8269 F 813.840.3773

December 12, 2017

#### VIA HAND DELIVERY

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Foreign Profit Corporation - Request for FL Registration

To Whom It May Concern:

On June 30, 2016. Healthmap Solutions, LLC, a Florida limited liability company, filed Articles of Conversion with the Florida Secretary of State to convert to a Delaware corporation. Healthmap's staff was under the mistaken belief that the filing of the Articles of Conversion would mean that Healthmap Solutions, Inc. was now authorized to conduct business in the State of Florida as a foreign corporation.

Healthmap Solutions, Inc. has been transacting business in Florida since June 30, 2016. As a result, it is subject to penalties, which it wishes to immediately pay. Additionally, Healthmap Solutions, Inc. has enclosed the documentation required to be registered to conduct business in the State of Florida. We are also requesting a Certificate of Status confirming that Healthmap Solutions, Inc. is active and authorized to transact business in the State of Florida, and has been since June 30, 2016 (as a result of payment of the penalty fees).

If you have any questions regarding this submission, please feel free to contact me at (813) 205-7212 or at brian@atlaslaw.com.

Very truly yours.
ATLAS LAW

Brian C. Chase

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHR	Healthmap	Solutions, Inc.				
30 Da	<u> </u>	Name of co	orporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence		Good Stand	ing" and check are sub	et Business in Florida." mitted to register the	
Please	return all correspo	ondence concerning t	his matter t	o the following:		
Brian	C. Chase					
			Name of Po	erson		
Atlas	Law					
		1	Firm/Comp	any		
1701	N. 20th Street, Suite	В				
			Addres	S		
Tamp	a, Florida 33605					
		Ci	ty/State and	l Zip code		
brian@	atlaslaw.com					
		E-mail address: (to	be used fo	r future annual report r	notification)	
For fu	rther information o	concerning this matte	r, please ca	11:		
Brian C. Chase			813	241-8269		
	Name of Person		Area Code	Daytime Telep	hone 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			
Enclo	sed is a check for t	he following amount	:			
<b>□</b> \$7	0.00 Filing Fee	S78.75 Filing Fe Certificate of St		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

### 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.

Healthmap Solu	tions, Inc.				
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc." "Co." or "Corp.")	." "COMPANY," "CORPORATION."			
(If name unavaila	able in Florida, enter alternate corporate name		iness in Florida)		
Delaware 2.	3	46-3618409			
	y under the law of which it is incorporated)	(FEI number, if applical	nle)		
4	5	·	<u> </u>		
(Date 6/30/2016 6.	(Date of incorporation) 5. (Date of duration, if other that 6/30/2016				
	reet, Suite 1320, Tampa, Florida 33602	1502, F.S., to determine penalty liability)	- <del>-</del>		
Same as above	(Princ	ipal office address)	J -		
	(Current mail	ling address, if different)	ئن		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					
Name:	Brian C. Chase		Turk P		
Office Address:	1701 N. 20th Street, Suite B				
	Tampa	33605 Florida			
	(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.

(Registered agent's signature)

10. Attached is a pertificate 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS See attached Chairman: Address: Vice Chairman: Address: \_\_\_\_ Director: Address: \_\_\_\_ Director: \_ Address: \_ **B. OFFICERS** See attached President: Vice President: Address: \_ Secretary: \_\_ Address: \_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Joseph Vattamattam Signature of Director or Officer

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. Joseph Vattamattam

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

#### HEALTHMAP SOLUTIONS, INC.

#### **Board of Directors:**

Joseph Vattamattam 400 N. Tampa Street, Suite 1320 Tampa, Florida 33602

Andrew Wall 400 N. Tampa Street, Suite 1320 Tampa, Florida 33602

Bruce Lucas 9139 Tillinghast Drive Tampa, Florida 33626

Eric Reimer 32 Pheasant Chase West Hartford, Connecticut 06117

Ari Benacerraf 366 Madison Avenue, 4<sup>th</sup> Floor New York, New York 10017

#### Officers:

Joseph Vattamattam – Chief Executive Officer 400 N. Tampa Street, Suite 1320 Tampa, Florida 33602 تن

Andrew Wall – Chief Operating Officer 400 N. Tampa Street. Suite 1320 Tampa, Florida 33602

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "HEALTHMAP SOLUTIONS, INC." HAS

FILED THE FOLLOWING DOCUMENTS:

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION

REMAINS A DOMESTIC CORPORATION ON OUR RECORDS BUT HAS FAILED TO

FILE THE ANNUAL FRANCHISE TAX REPORT AND PAY THE FRANCHISE TAXES

CURRENTLY DUE.

CERTIFICATE OF CONVERSION, FILED THE THIRTIETH DAY OF JUNE,

A.D. 2016, AT 10:05 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE THIRTIETH DAY OF JUNE,

A.D. 2016, AT 10:05 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "HEALTHMAP SOLUTIONS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHMAP SOLUTIONS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2016.

Authentication: 203670403

Date: 12-01-17

6083144 8340

SR# 20177331466