

F18000001822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

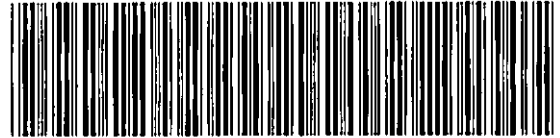
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700311815097

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 APR 17 AM 8:33

FILED

18 APR 17 AM 10:43

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 19 2018
J. HARRIS

~~Office Use Only~~

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 165874 4304851

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : April 17, 2018

ORDER TIME : 10:15 AM

ORDER NO. : 165874-005

CUSTOMER NO: 4304851

FOREIGN FILINGS

NAME: HEALTHPOINTPLUS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthPointPlus, 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:

Joanne Dardano

Name of Person

Goulston & Storrs PC

Firm/Company

400 Atlantic Avenue

Address

Boston, MA 02110-3333

City/State and Zip code

jdardano@goulstonstorrs.com

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

For further information concerning this matter, please call:

Joanne Dardano

at (617) 574-6431

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



RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

CSC
ROXANNE TURNER

SUBJECT: HEALTHPOINTPLUS, INC.
Ref. Number: W18000036622

SECRETARY OF STATE
FALL AVENUE, SUITE 100
TALLAHASSEE, FLORIDA
2018 APR 17 AM 8:33
FILED

We have received your document for HEALTHPOINTPLUS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 018A00007850

2018 APR 18 PM 4:19
Tallahassee

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. HealthPointPlus, 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/13/2014 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. 230 Independence Way, Suite 200, Danvers, MA 01923
(Principal office address)

230 Independence Way, Suite 200, Danvers, MA 01923
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2018 APR 17 AM 8:33
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

Roxanne Turner
Asst. Vice President

By: Roxanne Turner
(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.

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

A. DIRECTORS

Chairman: Robert A. Goddard, 230 Independence Way, Suite 200

Address: 230 Independence Way, Suite 200, Danvers, MA 01923

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Goddard

Address: 230 Independence Way, Suite 200, Danvers, MA 01923

Vice President: Jennifer F. Gallagher, 230 Independence Way, Suite 200, Danvers, MA 01923

Address: 230 Independence Way, Suite 200, Danvers, MA 01923

Secretary: Jennifer F. Gallagher, 230 Independence Way, Suite 200, Danvers, MA 01923

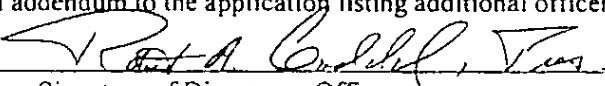
Address: 230 Independence Way, Suite 200, Danvers, MA 01923

Treasurer: Robert A. Goddard

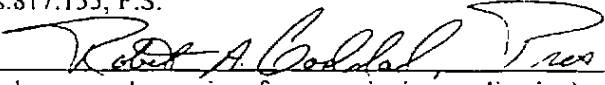
Address: 230 Independence Way, Suite 200, Danvers, MA 01923

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2018 APR 17 AM 8:33
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FALLS CHURCH, VIRGINIA

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

12. 
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. Robert A. Goddard, President 
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHPOINTPLUS, 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 SECOND DAY OF APRIL, A.D. 2018.



5585692 8300

SR# 20182351305

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202437476

Date: 04-02-18