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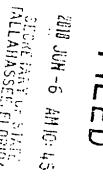
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
CUDI	Healthcare Management Administr	rators, Inc.		
SUBJ		rnoration -	must include suffix	
	Name of co	rporation -	must metade sumx	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corpor icate of Existence," or "Certificate of C referenced foreign corporation to transa	ood Stand	ing" and check are subr	
Please Jessica	return all correspondence concerning the Rothe	nis matter t	o the following:	
	<del></del>	Name of P	erson	<del></del>
Healtho	eare Management Administrators, Inc.			
	F	irm/Comp	anv	
220 120	0th Avenue NE, Suite 200			
	<del></del>	Addres	<u> </u>	<del> </del>
Bellevu	ie, WA 98005	Addies	3	
		y/State and	d Zip code	
Jessica	Rothe@accesstpa.com			
	E-mail address: (to	be used fo	r future annual report n	otification)
For fur	ther information concerning this matter	, please ca	II:	
Jess		125	289-5183	
	att	Area Code	) Daytime Teleph	none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclos	ed is a check for the following amount:			
□ \$70	0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	■ \$87.50 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. Healthcare Management Administrators, Inc. 1. (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) (State or country under the law of which it is incorporated) 3/20/1986 (FEI number, if applicable) 3/20/1986 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 220 120th Avenue NE, Bellevue, WA 98005 (Principal office address) 220 120th Avenue NE, Suite 200, Bellevue, WA 98005 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahessee 32301 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 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. DIKI	CTORS			
Chairman	÷			
Address:				
Vice Chai	irman:			
			•	
Address:				
,	Angela M. Dowling			
Director:				
Address:	100 SW Market Street, Portland, OR 97201			
Director:	Stacy J. Simpson			
	100 SW Market Street, Portland, OR 97201			
			~:	
B. OFF	ICERS		23	
<b>b</b> . 011	Steven B. Suter	AZ HA	MOM	T
	220 1204 A N.C. D. H WA 00005	ASS	<u>G</u> .	
	220 120th Avenue NE, Bellevue, WA 98005	C.	-	ريان. ا
		<u> </u>	<u> </u>	
	· -· · · · · · · · · · · · · · · · · ·	25-	<u>\$</u>	
Vice Pres	sident:	46	1	
Address:		<u>.</u>		
Secretary	John W. Attey			
Secretary	220 120th Avenue NE, Bellevue, WA 98005			
Address:	Erik Hinniger			
Treasurer	:			
	20 120th Avenue NE, Bellevue, WA 98005			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers ar	nd/or dire	ectors.	
12.	St. B. 5.			
14	Signature of Director or Officer			
	cer or director signing this document (and who is listed in number 11 above) affirms that			
	and that he or she is aware that false information submitted in a document to the Departm egree felony as provided for in s.817.155, F.S.	ent of St	ate cons	stitutes
Jess	ica Rothe, Senior Manager, Compliance			
13	(Typed or printed name and capacity of person signing application)		<u>.</u>	
	t tiped of printed name and capacity of person signific application)			

### Florida Department of State Division of Corporations

### Application by Foreign Corporation for Authorization to Transact Business in Florida

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Director: Steven B. Suter

Address: 20 120th Avenue NE, Bellevue, WA 98005



# Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### HEALTHCARE MANAGEMENT ADMINISTRATORS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/20/1986.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/31/2018 UBI Number: 601 022 758

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 05/31/2018