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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : GIBBONS, NEUMAN, BELLO, SEGALL,

Account Number : I20000000178 Phone : (813)877-9222 Fax Number : (813)877-9290

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

Email Address:

ggibbons@gibblaw.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Health Access Connect, Inc.

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ÖRAN, P.A.

Certificate of Status &

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	COV	FK TELTER	K
TO:	Registration Section Division of Corporations		
SUBJ	ECT: Health Access Connect, Inc.		
		poration – must in	clude suffix
Dear S	Sir or Madam:	•	
A ffair	nclosed "Application by Foreign Not for is in Florida", "Certificate of Existence", er the above referenced not for profit cor	or "Certificate of	Status" and check are submitted to
Please	e return all correspondence concerning th	is matter to the fo	ollowing:
	Gary A. Gibbons, Esquir	e	
	N	ame of Person	
	Gibbons Neuman		
	1	irm/Company	
	3321 Henderson Blvd.		
		Address	
	Tampa, FL 33609		
	City/	State and Zip Cod	c
	ggibbons@gibblaw.com		
	E-mail address: (to be use	ed for future annu-	al report notification)
For f	urther information concerning this matte	r, please call:	
	Gary A. Gibbons	813 at (877-9222
_	Name of Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS:		STREET/COURIER ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		Clifton Building 2661 Executive Center Circle
	Tallahassec, FL 32314		Tallahassee, FL 32301
Encl	osed is a check for the following amoun	t:	
□ \$	70.00 Filing Fee S78.75 Filing Fe		Filing Fee & S87.50 Filing Fee fied Copy Certificate of Sta

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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:

		ion instead of a natural person or parmership as a corporate suffix by a nonprofit corpora	
(If name unavailable i	n Florida, enter alternate corporate nar	me adopted for the purpose of transacting b	usiness in Florida)
2. Texas	der the law of which itis incorporated)	3. 46-4741312	
4	<u> </u>	5(Date of duration, if other tha	
(Date of)	incorporation)	(Date of divation, if other tha	n perpenial)
6.		ee sections 617.1501 & 617.1502, F.S. to det	
(Date first conducted a	ffairs in Florida if prior to registration. S	See sections 617.1501 & 617.1502, F.S, to det	ermine penali lability
7. 903 S. Dakota Ave.,	Tampa, FL 33611		in the second
	(Principa	l office address)	ASSA = M
			[17-17 III III
	(Current mailin	g address, if different)	
			원 96
(Purpose(s) of corpora	es in Florida, including sales of items tion authorized in home state or count liress of Florida registered agent: (P	s donated to the Company for fundraising ty to be carried out in the state of Florida) 2.O. Box NOT acceptable)	원 96
(Purpose(s) of corpora	tion authorized in home state or counti dress of Florida registered agent: (P	ry to be carried out in the state of Florida)	66 80
(Purpose(s) of corpora 9. Name and street add Name: Gary A.	tion authorized in home state or counti dress of Florida registered agent: (P	ry to be carried out in the state of Florida) O. Box NOT acceptable)	66 80
(Purpose(s) of corpora 9. Name and street add Name: Gary A.	tion authorized in home state or counti- licss of Florida registered agent: (P Gibbons, Esquire Henderson Blyd.	ry to be carried out in the state of Florida) O. Box NOT acceptable)	g purposes.
(Purpose(s) of corpora 9. Name and street add Name: Gary A. Office Address: 3321 Tamp 10. Registered agent Having been named as designated in this apple further agree to complete.	tion authorized in home state or counting the state of Florida registered agent: (P Gibbons, Esquire Henderson Blyd. (City) I's acceptance: a registered agent and to accept se lication, I hereby accept the appointly with the provisions of all statute	ry to be carried out in the state of Florida) O. Box NOT acceptable)	g purposes. corporation at the place of act in this capacity. I
(Purpose(s) of corpora 9. Name and street add Name: Gary A. Office Address: 3321 Tamp 10. Registered agent Having been named as designated in this apple further agree to complete.	iress of Florida registered agent: (P Gibbons, Esquire Henderson Blyd. (City) I's acceptance: as registered agent and to accept selication, I hereby accept the appointly with the provisions of all statute liar with and accept the obligations.	Ty to be carried out in the state of Florida) O. Box NOT acceptable) Florida 33609 (Zip Code) Trvice of process for the above stated continent as registered agent and agree to state to the proper and complete p	g purposes. corporation at the place of act in this capacity. I

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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RECTORS	• .	. •	•	. •			. '	٠.,	•
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Fred Maloba	·								,
Plot 3 Bukakata Road, M	asaka, Uga	nda ·					1,	••	*****
you may att	ach an add	endum to	the appli	cation I	ísting add	itional of	ficers क	ıd/or dire	stors,

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

P.005/005

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Health Access Connect, Inc. (file number 801757241), a Domestic Nonprofit Corporation, was filed in this office on March 27, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 24, 2018.





Rolando B. Pablos Secretary of State