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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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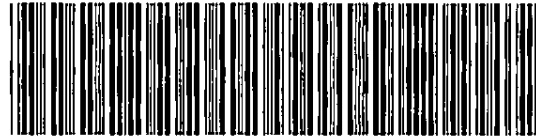
(Business Entity Name)

(Document Number)

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

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SEP 12 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Med-Pass, Incorporated

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:

Robin Gilliland

Name of Person

Reynolds & Reynolds

Firm/Company

6700 Hollister

Address

Houston, TX 77040

City/State and Zip code

Robin\_Gilliland@reyrey.com

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

For further information concerning this matter, please call:

Robin Gilliland

at ( 713 ) 718-1800

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

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**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.*

Med-Pass, Incorporated

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)

2. Ohio 3. 31-1279861  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 13, 1989 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. One Reynolds Way, Dayton, OH 45430  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

 Michael Jones, Assistant Secretary  
(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.

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

**A. DIRECTORS**

Chairman: Robert T. Brockman  
Address: 6700 Hollister  
Houston, TX 77040

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

Director: Alfred L. Deaton III  
Address: 408 Little John Lane  
Houston, TX 77024

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

**B. OFFICERS**

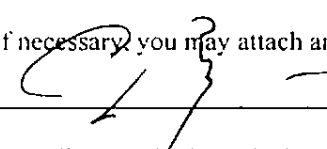
President: \*\* See Attached  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

**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. Craig Moss Senior VP/Secretary  
(Typed or printed name and capacity of person signing application)

## **MED-PASS, INCORPORATED**

### **OFFICERS:**

Robert T. Brockman, Chairman/CEO	6700 Hollister, Houston, TX 77040
Robert M. Nalley, President	6700 Hollister, Houston, TX 77040
Norman T. Barras, Executive Vice President	6700 Hollister, Houston, TX 77040
Gerard T. (Jerry) Kirwan, Senior Vice President	One Reynolds Way, Dayton, OH 45430
Robert D. Burnett, Senior Vice President/Treasurer	6700 Hollister, Houston, TX 77040
M. Craig Moss, Senior Vice President/CFO/Secretary	6700 Hollister, Houston, TX 77040
Sheri A. Robinson, Vice President – Accounting	6700 Hollister, Houston, TX 77040
Scott Cherry, Vice President – General Counsel	6700 Hollister, Houston, TX 77040
Mark F. Bales, Assistant Secretary	One Reynolds Way, Dayton, OH 45430

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MED-PASS, INCORPORATED, an Ohio corporation, Charter No. 757038, having its principal location in Dayton, County of Montgomery, was incorporated on September 13, 1989 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 19th day of August, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201923102290