

F1900005257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 NOV 22 AM 7:04

FILED

SBF
11/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthgram, 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:

Reagan Russell

Patton Compliance	Name of Person	2019 NOV 22 AM 7:04 FBI FBI
3122 Mahan Drive, Suite 801-250	Firm/Company	
Tallahassee, FL 32308	Address	
reagan@pattoncompliance.com	City/State and Zip code	
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Reagan Russell	\$50	544-6732
_____ Name of Person	at (_____) 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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

1. Healthgram, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. North Carolina 3. 56-1449504
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01 18 1985 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Corporation has not yet begun transacting business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8731 Red Oak Boulevard, Charlotte, NC 28217
(Principal office address)
- P.O. Box 11088, Charlotte, NC 28220
(Current mailing address, if different)

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

Name: C T Corporation System

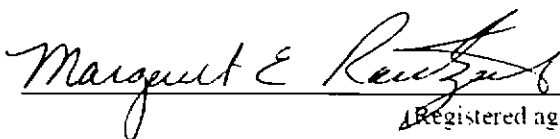
Office Address: 1200 South Pine Island Road

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.

MARGARET E. ROUTZAHN
Special 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.

2019 NOV 22 AM 7:04

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

A. DIRECTORS

Chairman: David R. Tate

Address: 8731 Red Oak Boulevard
Charlotte, NC 28217

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul R. Tate

Address: 8731 Red Oak Boulevard
Charlotte, NC 28217

Vice President: _____

Address: _____

Secretary: Lee Ann Brown

Address: 8731 Red Oak Boulevard, Charlotte, NC 28217

Treasurer: _____

Address: _____

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

12. Lee Ann Brown

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. Lee Ann Brown, CFO/Corp Sec.

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

Healthgram, Inc.
Addendum to Application for Authorization to Transact Business in Florida

Additional Officers –

Robert L. Salton
Chief Information Officer
8731 Red Oak Boulevard
Charlotte, NC 28217

Lee Ann Brown
Chief Financial Officer
8731 Red Oak Boulevard
Charlotte, NC 28217

2019 NOV 22 AM 7:04



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

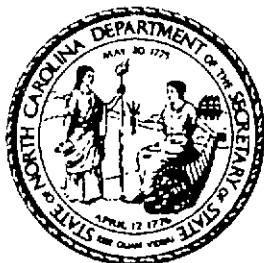
HEALTHGRAM, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of January, 1985, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

2019 NOV 22 AM 7:04

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of October, 2019.

Elaine F. Marshall

Secretary of State



DATE: 11/12/19 PM 1:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2019

REAGAN RUSSELL
3122 MAHAN DRIVE
SUITE 801-250
TALLAHASSEE, FL 32308

SUBJECT: HEALTHGRAM, INC.
Ref. Number: W19000099303

We have received your document for HEALTHGRAM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 519A00023270