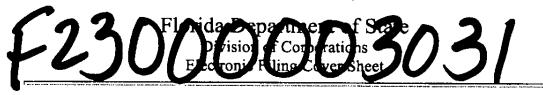
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : **(8**55)498-55<del>0</del>0 Fax Number : (800)432-3622

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION **HUNTSWORTH HEALTH CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

(Enter name of a "Inc.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida		
Panayhania				
(State or country under the law of which it is incorporated)		3(FEI number, if applicable)		
11/02/1978		5. Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
800 Townsh	(SEE SECTIONS 607.1501 & 607. sip Line Road, Suite 300, Yardley,	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) PA 19067 ffice street address)		
	(SEE SECTIONS 607.1501 & 607. sip Line Road, Suite 300, Yardley, (Principal o	1502, F.S., to determine penalty liability) PA 19067 ffice street address) ing address, if different)		
800 Townsh	(SEE SECTIONS 607.1501 & 607.  sip Line Road, Suite 300, Yardley,  (Principal o  (Current mail	1502, F.S., to determine penalty liability)  PA 19067  ffice street address)  ing address, if different)  O. Box NOT acceptable)		
800 Townsh	(SEE SECTIONS 607.1501 & 607.  sip Line Road, Suite 300, Yardley,  (Principal o	1502, F.S., to determine penalty liability)  PA 19067  ffice street address)  ing address, if different)  O. Box NOT acceptable)		
Name and street	(SEE SECTIONS 607.1501 & 607.  sip Line Road, Suite 300, Yardley,  (Principal o  (Current mail	1502, F.S., to determine penalty liability) PA 19067 ffice street address) ing address, if different) O. Box NOT acceptable)		
800 Townsh  Name and street  Name:	(SEE SECTIONS 607.1501 & 607.  sip Line Road, Suite 300, Yardley,  (Principal of Courrent mails)  et address of Florida registered agent: (Papitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl	1502, F.S., to determine penalty liability)  PA 19067  ffice street address)  ing address, if different)  O. Box NOT acceptable)		

and I am familiar with and accept the obligations of my position as registered agent.

Shawna L. Smith, Assistant Secretary on behalf Diama d. Sion of Capitol Corporate Services, Inc. (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.

A. DIRECTORS				H23000189186 3	
Chairman	Name: Martin Morrow	Chairman	Name:		
Vice Chairman	Address: 800 Township Line Rd,	Vice Chairman			
Director	Suite 300	Director			
President	Yardley, PA 19067	President			
☐Vice President		Vice President			
Secretary	Treasurer	Secretary		Treasurer	
Other	Other	Other	<del></del>	Other	
☐Chairm¤n	Name: Rob Henderson	Chairman	Name:		
Vice Chairman	Address: 800 Township Line Rd,	☐Vice Chairman			
Director	Suite 300	Director			
President	Yardley, PA 19067	President			
☐Vice President		☐Vice President			
Secretary	☐ l'reasurer	Secretary		Treasurer	
Other Contro	ller Other	Other	<del></del>	Other	
Chairman	Name: lan Stevens	Chairman	Name:		
Vice Chairman	Address: 300 Vesey St, 10th Floor	☐Vice Chairman			
Director	New York, NY 10282	Director			
President		President			
☐ Vice President		☐Vice President			
Secretary	Treasurer	Secretary		Treasurer	
⊠ <sub>Other</sub> Tax Ma	anager Other	Other		Other	
individuals may be	Jse an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when the same added to th	achment will be imaged ent of State Annual Rep	for reporting poort form.	urposes only. Non-indexed	
12. Signature of Director or Officer					
The officer or direct she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in numb- lse information submitted in a document to the Depar	er 11 above) affirms that timent of State constitut	it the facts stated es a third degree	d herein are true and that he or e felony as provided for in	

13. lan Stevens, Tax Manager, Officer

## Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Huntsworth Health Corporation

Request Type: Subsistence Certificate Issuance Date: May 19, 2023

Request No.: 015602014 File No.: 0000677515

**Receipt No.:** 000527551

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: November 02, 1978

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Huntsworth Health Corporation

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Acting Secretary of the Commonwealth

Mas Salone

Verify this certificate online at www.file.dos.pa.gov