F97000006829

To:	Qualification/Tax Lien Section	
	Division of Corporations	
SUBJE		
	(Name of corporation - must includ	
Dear S	or Madam:	500002333735U -10/30/9701044007 ****131.25 *****131.25
"Certif	osed "Application by Foreign Corporation for Authorization to Transate of Existence", and check are submitted to register the above reference in Florida.	nsact Business in Florida", erenced foreign corporation to
transac	business in Florida.	W97-24733
Please	eturn all correspondence concerning this matter to the following:	5000023337350
	Michael A. Suhadolnik	****665.00 ****665.00
	(Name of Person)	
	HealthSecure, Inc.	<u> </u>
	(Firm/Company)	
	100 DeBartolo Place, Suite 100	
	(Address)	9. N.
	Boardman, Ohio 44512	7 DE
	(City/State/Zip)	SEGRETARY ISION OF CO
Should	you need to call someone concerning this matter, please call:	OF STATE AM 8: 27
Anı	Marie Napolitan at (330) 726-8424	
	(Name of Person) (Area Code & Daytime Te	elephone Number) with
		12/24

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



Department of State

Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

December 22, 1997

RE:

Health Secure, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1996 of \$165.00 and foreign non-qualified penalties of \$ 500.00 assessed at the statutory minimum and wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

97 DEC 24 AM 8: 27



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 30, 1997

MICHAEL A SUHADOLNIK HEALTHSECURE, INC. 100 DEBARTOLO PLACE, STE 100 BOARDMAN, OH 44512

SUBJECT: HEALTHSECURE, INC. Ref. Number: W97000024733

We have received your document for HEALTHSECURE, INC. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1165.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 397A00052751

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.

words or abbrev	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or riations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)		-
2. Ohio	3. 34–1837313		_
-(State or country	under the law of which it is incorporated) (FEI number, if applicable)		_
4. <u>6-05-96</u>	5. <u>Perpetual</u>		_
- (Da	te of incorporation) (Duration: Ÿear corp. will cease to exist or "perpetual")		
<i>:</i> 6. 10–1–96			
(Date firs	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7. <u>100 DeBar</u>	tolo Place, Suite 100	9	_V
	Obj. 44510	9	2000 2000 2000 2000 2000 2000 2000 200
Boardman,	Chio 44512 (Current mailing address)	<u>2</u>	–₹ਲ ੂਨੋ–ਾ
•	•	<u>-</u>	
8. Clinical		A R	_3° -3° -670
(Purpose	(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>დ</u> დ	ATE .
9. Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	ထ	17
Name:	Raul J. Sanchez de Varona		
	1333 S. Miami Avenue, Suite 198 303		
	Miami , Florida 33130		
	(Zip code)		-
10 D =			
10. Registered a	gent's acceptance:		. =
in this application comply with the pi	ed as registered agent and to accept service of process for the above stated corporation at the place of hereby accept the appointment as registered agent and agree to act in this capacity. I further ovisions of all statutes retailize to the proper and complete performance of my duties, and I am figations of my position as registered agent.	agre	e to
4	(Registered agent's signature)		

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	S (Street address only - P.O. Box NOT acceptable)	
•		
Address:		
Director:	<u>.</u>	
Address:		
*		
.: Director:		
		齿
		SEC IVISI 97 D
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	
resident:	Richard Kalapos	- 334T
Address:	112 Clubhouse Circle	11 8 P P P P P P P P P P P P P P P P P P
	West Middlesex, PA 16159	ATE TIME 28
Vice President: _	David Löckshaw	
Address:	84 Red Grouse	
	Youngstown, Ohio 44515	
Secretary:	John DelliQuadri Secretary/Treasurer	
Address:	5466 Logan Arms Drive	
	Girard, Ohio 44420	
Treasurer:	Michael A. Suhadolnik Assistant Secretary/Treasurer	
Address:	100 DeBartolo Place, Suite 100	
	Boardman, Ohio 44512	
NOTE: If neces	ssary, you may attach an addendum to the application listing additional officers and/or directors	
13. 2 1	16! h	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	Michael A. Suhadolnik Assistant Secretary/Treasurer (Typed or printed name and capacity of person signing application)	

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

I, Bob Taft, 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 corporations and miscellaneous filings; that said records show HEALTHSECURE, INC., an Ohio Corporation, Charter No. 943236, principal location in Youngstown, County of Mahoning, incorporated on June 5, 1996, is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE OF STATES



witness my hand and official seal at Columbus, Ohio this 11th day of September, A.D. 1997

Bob Taft Secretary of State