# 990000000001983

To: Qualification/Tax Lien Section Division of Corporations		,
•		
SUBJECT:America's Interacti	ve Healthcare, Inc.	
(Name	of corporation - must include suffix)	
Dear Sir or Madam:	-04	027794785  /13/9301050001  *1300.00  ***1300.00
The enclosed "Application by Foreign Cor" "Certificate of Existence", and check are s transact business in Florida.	poration for Authorization to Transact Busi ubmitted to register the above referenced for	ness in Florida",
Please return all correspondence concerning	ng this matter to the following:	at at a company
David Vandewater_	8000	027794785
		Z/18/9901064005 ****70.00 *****70.00
America's Interact	ive Healthcare, Inc.	
	(Firm/Company)	waq-4227
28 White Bridge Ro	oad. Suite 208	10 (9/2 (3
_20 Willie Dilage In	(Address)	— · · · / A = ·
Nashville, TN 372	205	b. (b. ()
Nashviile, IN 377	(City/State/Zip)	
	(City/State/Lip)	
_		
Should you need to call someone concern	ing this matter, please call:	·
David Vandewater	at (615) 354-8810 (Area Code & Daytime Telephone l	Number)
(Name of Person)	(Area Code & Daymine Telephone I	(dention)
.= .	i de la compania de La compania de la co	, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS:	MAILING ADDRESS:	SECRETARY OF STANDING OF STANDING OF STANDING PH 12:
Qualification/Tax Lien Section	Qualification/Tax Lien Sect	ion I SI SI 4/
Division of Corporations	Division of Corporations	# ART 1/
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	3 (S)
Enclosed is a check for the following am	ount:	<b>``</b>

Typ

☐ \$78.75 Filing Fee &

Certified Copy

☐ \$78.75 Filing Fee &

From-

Certificate of Status

S87.50 Filing Fee

Certified Copy

Certificate of Status &

3 \$70.00 Filing Fee



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 19, 1999

DAVID VANDEWATER AMERICA'S INTERACTIVE HEALTHCARE, INC. 28 WHITE BRIDGE ROAD, SUITE 208 NASHVILLE, TN 37205

SUBJECT: AMERICA'S INTERACTIVE HEALTHCARE, INC.

Ref. Number: W99000004225

We have received your document for AMERICA'S INTERACTIVE HEALTHCARE, 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):

The registered agent must sign accepting the designation.

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 \$2,300.00.

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) 487-6958.

Letter Number: 399A00007585

Lee Rivers Document Specialist



April 9, 1999

Mr. Lee Rivers, Document Specialist Florida Department Of State, Division Of Corporations P. O. Box 6327 Tallahassee, FL 32314

2500 Universal

Dear Mr. Rivers:

STUDIOS PLAZA

-----

ORLANDO

FLORIDA 32819

TEL 407·224·6800

Fax 407-224-6820

This letter is in response to your letter dated February 19, 1999 regarding the penalty of \$1,000 for each year America's Interactive Healthcare, Inc. transacted business or conducted its affairs in Florida prior to qualification.

Pursuant to section 607.1502(4), we respectfully request that the Florida Department Of State reduce the penalty to \$500 for each year during which the entity transacted business in the state without a certificate of authority.

Enclosed please find a check in the amount of \$1,300 for the following:

1997: Penalty - \$ 500 Annual Fee - \$ 150 1998: Penalty - \$ 500 Annual Fee - <u>\$ 150</u> Total \$1,300

Also, as you requested, enclosed is the original application signed by the registered agent accepting the designation.

If you have any questions or need any additional information, please call me at (407) 224-6919.

Sincerely,

Michael C. Hendrix

Michael C. Hendrif

**Enclosures** 



#### Department of State

### Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

April 14, 1999

RE:

America's Interactive Healthcare, 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 1997 of \$300.00 and foreign non-qualified penalties for the same period of \$1000.00 assessed at the statutory minimum of \$500.00 per year 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

SECRETARY OF STATE DIVISION OF COSCORATIONS

#### 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.

2. <u>Delaw.</u>	are ry under the law of which it is incorporated)	362-1723926		
	,	(FEI number, if applicable)		
4. 10/28,		Perpetual		
		nation: Year corp_will cease to exist or "perpetual	.)	
(Date fin	st transacted business in Florida.) (SEE SECTION	NS 607.1501, 607.1502 and 817.155, F.S.)		
7. <u>. 28 Wh</u>	ite Bridge Road, Suite 208			
	ille, TN 37205		<del></del>	
	(Current mailing addr	**************************************		
		, control y		
. Healtk	Related T.V. Programming		•	
	TACTOTOR TOAT ELOST SIMILITIES		<del></del>	Z
(Purpose	(s) of corporation authorized in home state or co	Wiften to be comind out in the FRI 12-3		
(Ршрове	(s) of corporation authorized in home state or co	•	99	S
(Ршрове		•	99 APF	SION
(Purpose). Name and str	reet address of Florida registered agent: (I	P.O. Box or Mail Drop Box NOT acceptable)	99 APR 1	ISION UT
(Purpose  Name and str	reet address of Florida registered agent: (I	P.O. Box or Mail Drop Box NOT acceptable)	99 APR 16	ISION OF CO
(Purpose  ). Name and str  Name:	reet address of Florida registered agent: (I	P.O. Box or Mail Drop Box NOT acceptable)		ISION OF CURE
(Purpose ). Name and str	Cet address of Florida registered agent: (Notice Corporate Services, Inc.  801 Northeast 167th Street, Suite	P.O. Box or Mail Drop Box NOT acceptable)  e 300		ISION OF CURL YOU
(Purpose ). Name and str	reet address of Florida registered agent: (I	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida33162	99 APR 16 PM 12: 3	ISION OF CURL PARK
(Purpose  Name and str	Cet address of Florida registered agent: (Notice Corporate Services, Inc.  801 Northeast 167th Street, Suite	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida,		ISION OF COLUMNIA
(Purpose  Name and str  Name:  Office Address:	reet address of Florida registered agent: (I United Corporate Services, Inc. 801 Northeast 167th Street, Suite North Miami Beach	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida,		ISION OF COLUMNIA
(Purpose  Name and str  Name:  Office Address:  O. Registered a	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida,	PM12: 35	ISIUM OF COST CONTROL
(Purpose  Name and str  Name:  Office Address:  C. Registered a	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida. 33162(Zip code)	PM 12: 35	ISION OF COST SECTION
(Purpose  (Purpose  (Purpose  (Name and str  (Name:  (Purpose  (Name and str  (Name:  (Purpose  (Name and str  (Name and str  (Name:	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach  seem's acceptance:	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida. 33162	PN 12: 35	
(Purpose (Pu	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach  seed as registered agent and to accept service of pic. I hereby accept the appointment as registered and so the proper and s	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida,	PN 12: 35	
(Purpose ). Name and str Name:  Office Address:  O. Registered a  Taving been name of this application, omply with the pr	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach  seem's acceptance:	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida. 33162	PN 12: 35	
(Purpose (Pu	United Corporate Services, Inc.  801 Northeast 167th Street, Suite North Miami Beach  seed as registered agent and to accept service of pic. I hereby accept the appointment as registered and so the proper and s	P.O. Box or Mail Drop Box NOT acceptable)  e 300 , Florida. 33162	PN 12: 35	

of which it is incorporated.

P.3/5

Chairman;	David Vandewater		
Address:	425 Jackson Boulevard		
<del></del>	Nashville TN 37205		
Vice Chairman	E	<del></del>	
Address:			<u> </u>
	-		<del></del>
Director;			
Address:		<u> </u>	
enancia a la care de l	The second secon		
ıddress:		***************************************	
			-
. OFFICER	S (Street address only - P.O. Box NOT acceptable)		
resident:			0
	-	<u>.</u>	
<del></del>			
ice President:			A
idress:			2 32
·		<u>,</u>	3 355 A.E.
cgetary:		<u> </u>	i gr
ldress:			
<del></del>		<u> </u>	
asurer:			
		•	
dress:			
dress:	1	<del></del>	
dress:	you may attach an addendum to the application listing additional officers and/or directors		
OTE: Ifneces	approach instring additional officers and/or directors.	Ē	

××××××××××××

## State of Delaware Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICA'S INTERACTIVE HEALTHCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 1999.

99 APR 16 PMI2: 35



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 9551223

02-01-99

2812942 8300

991035187