

F 13000002001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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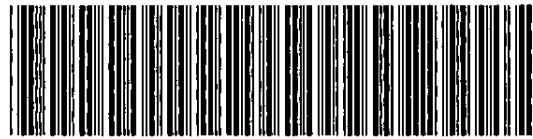
(Business Entity Name)

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TO REGISTERED  
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**DATE:** 05/08/13

**NAME:** HEALTHCARE MANAGEMENT OF AMERICA, INC.

**TYPE OF FILING:** FOREIGN APPLICATION FOR AUTHORITY

**COST:** 78.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Healthcare Management of America, 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:

Melissa Bengtson, Esq.

Name of Person

DLA Piper LLP (US)

Firm/Company

2525 East Camelback Road, Esplanade II, Suite 1000

Address

Phoenix, AZ 85016

City/State and Zip code

melissa.bengtson@dlapiper.com

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

For further information concerning this matter, please call:

Melissa Bengtson, Esq. at ( 480 ) 606-5107

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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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

**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. Healthcare Management of America, Inc.  
(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. Delaware 3. 45-4931741  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/28/2012 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254  
(Principal office address)  
16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254  
(Current mailing address)

8. Real Estate  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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)

**10. 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.*

C T Corporation System

By: 

(Registered agent's signature)

Yading Garcia  
Assistant Secretary

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.

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

**A. DIRECTORS**

Chairman: Scott D. Peters  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

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

Director: Kellie S. Pruitt  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Director: Amanda Houghton  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

**B. OFFICERS**


President: Scott D. Peters  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Vice President: Kellie S. Pruitt  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Secretary: Kellie S. Pruitt  
Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

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

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



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Kellie S. Pruitt, Vice President, CFO and Secretary

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

**HEALTHCARE MANAGEMENT OF AMERICA, INC.**

**ATTACHMENT TO  
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

**B. OFFICERS**

Scott D. Peters  
Chief Executive Officer  
16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254

Kellie S. Pruitt  
Chief Financial Officer  
16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254

Ross Goyer  
Vice President  
201 N. Pennsylvania Parkway, Suite 201  
Indianapolis, IN 46280

Brenda Magee  
Vice President  
463 King Street, Suite B  
Charleston, SC 29403

Susan Lundquist  
Vice President  
16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254

Susan C. Dorr  
Vice President  
16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE MANAGEMENT OF AMERICA, 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 SEVENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE MANAGEMENT OF AMERICA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0414239

DATE: 05-07-13