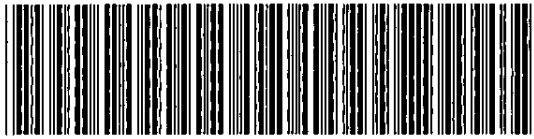


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100255393611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB -4 PM 4:29

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DIVISION OF CORPORATIONS
14 FEB -5 AM 8:58



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 972893 7815155

AUTHORIZATION :

Spudelman

COST LIMIT : \$ 70.00

ORDER DATE : January 23, 2014

ORDER TIME : 1:46 PM

ORDER NO. : 972893-065

CUSTOMER NO: 7815155

RESUBMIT
Please give original
submission date as file date.

FOREIGN FILINGS

NAME: HEALTHTAP MEDICAL GROUP, P.C., *P.A*

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTHTAP MEDICAL GROUP, P.C., P.A.
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:

Michael Nichols, Esq.

Name of Person

HealthTap

Firm/Company

101 University Ave, Suite 100

Address

Palo Alto, California 94301

City/State and Zip code

michael@healthtap.com

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

For further information concerning this matter, please call:

Michael Nichols, Esq. at (650) 969-3430

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

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. HEALTHTAP MEDICAL GROUP, P.C. , P. A.
(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. CALIFORNIA 3. 46-4654495
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/24/2014 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Will commence business in Florida upon qualification.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 University Avenue, Suite 100, Palo Alto, California 94301
(Principal office address)

101 University Avenue, Suite 100, Palo Alto, California 94301
(Current mailing address)

8. Practice of Medicine
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Tina Qualls (Registered agent's signature) Asst. 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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -5 AM 8:50

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

A. DIRECTORS

Chairman: Dr. Ankush Kumar Bansal, Sole Director

Address: 101 University Avenue, Suite 100, Palo Alto, California 94301

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Ankush Kumar Bansal,

Address: 101 University Avenue, Suite 100, Palo Alto, California 94301

Vice President: _____

Address: _____

Secretary: Dr. Ankush Kumar Bansal,

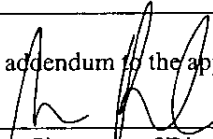
Address: 101 University Avenue, Suite 100, Palo Alto, California 94301

Treasurer: Dr. Ankush Kumar Bansal,

Address: 101 University Avenue, Suite 100, Palo Alto, California 94301

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

13. _____


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. Dr. Ankush Kumar Bansal, President

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 15 AM 8:58

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HEALTHTAP MEDICAL GROUP, P.C.

FILE NUMBER: C3639753
FORMATION DATE: 01/24/2014
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 31, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State