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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

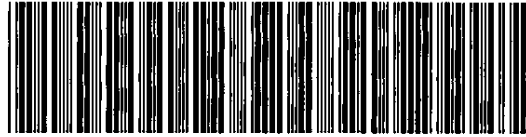
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14 MAY 21 PM 2:03  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

**COVER LETTER**

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

**SUBJECT:** Imagine Health. 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:

Morgan Briscoe

Name of Person

Jones Waldo

Firm/Company

170 S Main Street. Suite 1500

Address

Salt Lake City. UT 84101

City/State and Zip code

mbriscoe@joneswaldo.com

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

For further information concerning this matter, please call:

Morgan Briscoe

at ( 801 ) 534-7369

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. Imagine Health, 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. Utah

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FFI number, if applicable)

4. December 23, 2008

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. March 1, 2014

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

7. 6995 Union Park Ctr #200, Cottonwood Heights, UT 84047

(Principal office address)

6995 Union Park Ctr #200, Cottonwood Heights, UT 84047

(Current mailing address)

8. To build and maintain custom provider & hospital networks for Fortune 500 companies.

(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

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.

Jacelyn Wright Asst. Secretary  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

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

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

Director: Allison Robbins

Address: 6995 Union Park Ctr #200, Cottonwood Heights, UT 84047

Director: Howard Young

Address: 6995 Union Park Ctr #200, Cottonwood Heights, UT 84047

**B. OFFICERS**

President: Allison Robbins

Address: 6995 Union Park Ctr #200, Cottonwood Heights, UT 84047

Vice President: Please see attached Addendum.

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

Secretary: \_\_\_\_\_

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

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

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

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DIVISION OF CORPORATE AFFAIRS

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

13. *Howard Young*

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. Howard Young, Chief Financial Officer

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

Addendum to Application by Foreign Corporation  
for Authorization to Transact Business in FL

**Imagine Health, Inc.**

B. Additional Officers

Chief Financial Officer:      Howard C. Young

Address:                              6995 Union Park Center, Suite 200, Cottonwood Heights, UT  
84047



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

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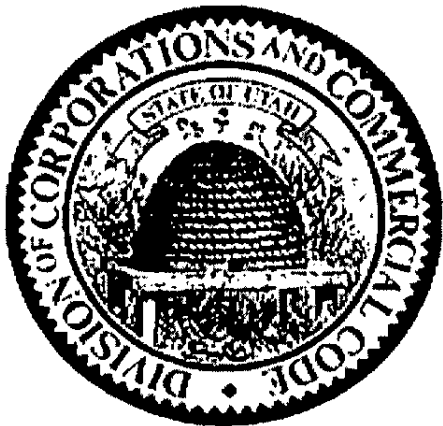
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## CERTIFICATE OF EXISTENCE

**Registration Number:** 7222102-0142  
**Business Name:** IMAGINE HEALTH, INC.  
**Registered Date:** December 23, 2008  
**Entity Type:** Corporation - Domestic - Profit  
**Current Status:** Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg  
Director  
Division of Corporations and Commercial Code