

14000002923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

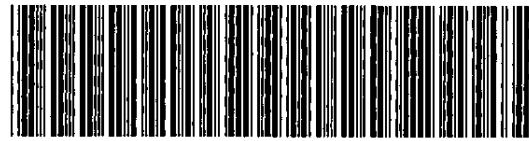
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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14 JUL - 7 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

md 7/9

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EDCO Health Information Solutions 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:

Janet Donoher

Name of Person

EDCO Health Information Solutions Inc.

Firm/Company

1351 N Belcrest Avenue

Address

Springfield, MO 65802

City/State and Zip code

jdonoher@edcohis.com

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

For further information concerning this matter, please call:

Janet Donoher

Name of Person

at (417) 893-3184

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. EDCO Health Information Solutions 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. Missouri

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

3. 46-4315285

(FEI number, if applicable)

4. December 13, 2013

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 1351 N Belcrest Avenue; Springfield, MO 65802

(Principal office address)

1351 N Belcrest Avenue; Springfield, MO 65802

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324

(City)

(Zip code)

9. 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.

See attached statement

(Registered agent's signature)

10. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL -7 PM 12:02

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14 JUL -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

RE: **EDCO Health Information Solutions Inc.**

Pursuant to Section 607.1503, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions in the state Florida.

Dated: June 26, 2014

C T CORPORATION SYSTEM

By *Katherine Lackey*
Katherine Lackey, Asst. Secretary

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

A. DIRECTORS

Chairman: Bill Glassman
Address: 1351 N Belcrest Avenue
Springfield, MO 65802

Vice Chairman: _____
Address: _____

Director: Jim Davis
Address: 1351 N Belcrest Avenue
Springfield, MO 65802

Director: David Bengé
Address: 1351 N Belcrest Avenue
Springfield, MO 65802

B. OFFICERS

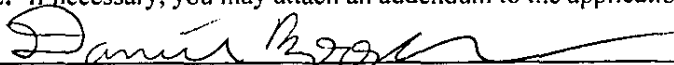
President: Lynne Jones
Address: 1351 N Belcrest Avenue
Springfield, MO 65802

Vice President: James Horton
Address: 1351 N Belcrest Avenue
Springfield, MO 65802

Secretary: Daniel Boozer
Address: 1351 N Belcrest Avenue; Springfield, MO 65802

Treasurer: Carol Messingham
Address: 1351 N Belcrest Avenue; Springfield, MO 65802

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

12. 
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.

13. Daniel Boozer - Assistant Secretary
(Typed or printed name and capacity of person signing application)

FILED
14 JUL -7 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

14 JUL -7 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

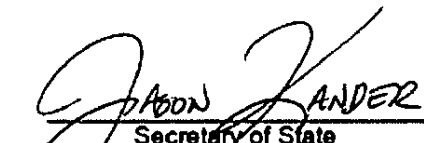
CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

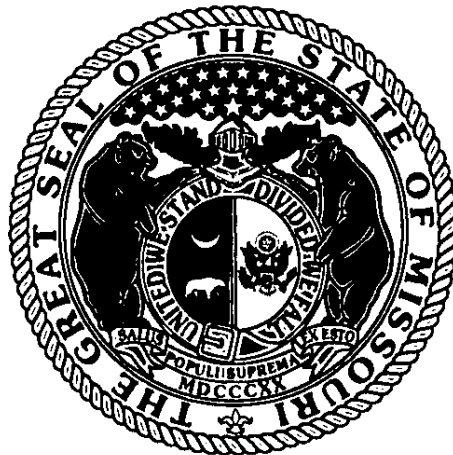
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

EDCO Health Information Solutions Inc.
01363109

was created under the laws of this State on the 13th day of December, 2013, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of June, 2014.


Secretary of State



Certification Number: CERT-06262014-0050