F00000003922

Asset Management Outsourcing, Inc.

June 16, 2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 AM 9:56

Mr. Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reference #S77483
Reference #383357

S00153904678--4
-05/23/00--90181--001
****150.00 *****70.00

Dear Mr. Toner:

Enclosed please find the applications for qualification for Nationwide Recovery Service, Inc. and Receivia, Inc. Per our discussion on June 14, 2000 the fees for the above referenced applications shall be applied out of the funds previously sent in for the Annual Uniform Business Reports. The four companies that will be affected by these applications are:

General Accounts Service, Inc. 383357
Hospital Support Services, Inc. S77483
First Recovery, Inc.
Florida Financial Assistance Specialists, Inc.

If you have any questions, or we need to do anything else to qualify these companies to do business in the State of Florida, please contact me at (770) 514-3942.

Thank you in advance,

Beth A. Dunn
Corporate Accountant

Name Availability Clt 7/13/00
Document Examiner Clt
Updater
Updater Verifyer
Acknowledgement
A. P. Verifyer

FQ(P) Uncal Clt 7/13

FF $70.00
OP 80.00

1825 Barrett Lakes Boulevard • Suite 250 • Kennesaw, Georgia 30144 • 770/792-3600 • Fax 770/792-3382

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.

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✓1. Nationwide Recovery Service, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

✓2. Georgia
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 8/17/98
(Date of incorporation)

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

6. As of the date of this filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1825 Barrett Lakes Boulevard, Suite 250
Kennesaw, Georgia 30144
(Current mailing address)

8. All purposes authorized under the Georgia Business Corporation Code
(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 or Mail Drop Box **NOT** acceptable)

Name: Joseph Smith

Office Address: 7067 West Broward Avenue

Plantation, Florida, 33317
(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.

Joseph P. Smith Corp Executive
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Gregory M. Shelton

Address: 1825 Barrett Lakes Boulevard, Suite 250

Kennesaw, Georgia 30144

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Gregory M. Shelton

Address: 1825 Barrett Lakes Boulevard, Suite 250

Kennesaw, Georgia 30144

Vice President:

Address:

Secretary: James F. Whalen/Secretary and Chief Financial Officer

Address: 1825 Barrett Lakes Boulevard, Suite 250

Kennesaw, Georgia 30144

Treasurer:

Address:

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

13. JWhalen

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James F. Whalen, Secretary and Chief Financial Officer

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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191 PEACHTREE ST
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NATIONWIDE RECOVERY SERVICE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Cathy Cox
Secretary of State