

# F03000003352

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## FOREIGN PROFIT QUALIFICATION

Evercare Collaborative Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

↓ BRYAN JUL - 7 2003

**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. Evercare Collaborative Solutions, 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. Delaware 3. 86-0964571  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. August 23, 1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 3141 North Third Avenue, Phoenix, Arizona 85013  
(Principal office address)  
Lisa J. Trippel (MN008-TS00), 9900 Brun Road East, Minnetonka, MN 55343  
(Current mailing address)

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- 8. General Business Purposes  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
- 9. Name and direct address of Florida registered agent: (P.O. Box or Mail Drop 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  
**Lauren Greco**  
**Assistant Secretary**  
By: Lauren Greco  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John R. Mach, Jr., MD

Address: 9900 Bren Road East  
Minnetonka, MN 55343

Vice Chairman: N/A

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

Director: Leonard A. Farr

Address: 9900 Bren Road East  
Minnetonka, MN 55343

Director: N/A

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

B. OFFICERS

President: John R. Mach, Jr., MD

Address: 9900 Bren Road East  
Minnetonka, MN 55343

Vice President: N/A

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

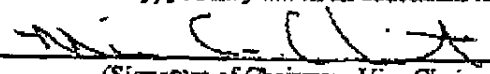
Secretary: Maria C. Christu

Address: 9900 Bren Road East, Minnetonka, MN 55343

Treasurer: Sheila E. McMillan

Address: 9900 Bren Road East, Minnetonka, MN 55343

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Maria C. Christu, Secretary  
(Typed or printed name and capacity of person signing application)

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# Delaware

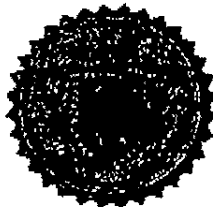
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERCARE COLLABORATIVE SOLUTIONS, 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 THIRD DAY OF JULY, A.D. 2003.

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

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

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TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2511443

DATE: 07-03-03

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