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FOREIGN PROFIT/NONPROFIT CORPORATION

Source One Healthcare Professionals Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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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. Source One Healthcare Professionals, 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. Texas 3. 27-4524713
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 8/3/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9037 Poplar Avenue, Germantown, Tennessee 38138
(Principal office address)

9037 Poplar Avenue, Germantown, Tennessee 38138
(Current mailing address)

8. All lawful business
(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: Business Filings Incorporated

Office Address: 515 E. Park Avenue,

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.

Mark Williams, AVP, Business Filings Incorporated
(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: Denise Burnett

Address: 9037 Poplar Avenue, Germantown, Tennessee 38138

Director: _____

Address: _____

B. OFFICERS

President: Denise Burnett

Address: 9037 Poplar Avenue, Germantown, Tennessee 38138

Vice President: Steve Cline

Address: 3 Sugar Creek Center, Suite 100, Sugar Land, Texas 77478

Secretary: Barry Kennedy

Address: 19376 N 9th Street, Covington, Louisiana 70433

Treasurer: _____

Address: _____

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

13. Denise O. Burnett 11-14-12
(Signature of Director or Officer listed in number 12 of the application)

14. Denise Burnett, President
(Typed or printed name and capacity of person signing application)

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Source One Healthcare Professionals, Inc. (file number 801301511), a Domestic For-Profit Corporation, was filed in this office on August 03, 2010.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAMUSSE COUNTY

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 14, 2012.



Hope Andrade
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>