## F9580005377

November 9, 1995

"PARTNERSHIPS FOR QUALITY HEALTH CARE"

Ms. Sandra B. Mortham Secretary of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

100001641261 -11/20/95--01017--018 \*\*\*\*122.50 \*\*\*\*122.50

Dear Ms. Mortham:

Enclosed is our Application By Foreign Corporation for Authorization to Transact Business in Florida for Health Network America, Inc. If you have any questions concerning this application, please contact the following:

业5-23912

Victor J. Fresolone, President Health Network America, Inc. 187 Monmouth Parkway West Long Branch, NJ 07764 Telephone: 908-222-2229

Thank you very much.

Sincerely.

Victor J. Fresolone

President

VJF/lk Enclosure gena –

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SECRETARY OF STATE DIVISION OF COMPORATION



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 20, 1995

REGINA FRESOLONE HEALTH NETWORK AMERICA, INC. 187 MONMOUTH PKWY WEST LONG BRANCH, NJ 07764

SUBJECT: HEALTH NETWORK AMERICA, INC. Ref. Number: W95000022912

We have received your document for HEALTH NETWORK AMERICA, INC. and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

As we discussed today, I am returning the "Consent and Agreement in RE Service of Process Under the Laws of Florida" to be filed with the Florida Department of Insurance.

I am also enclosing the 2nd page of the "Application by Foreign Corporation for Authorization to Transact Business in Florida" to be completed and returned to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 095A00051274

## 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 Vanish Watssale tarming To-	•
Health Network America Inc     (Name of corporation: must include the word INCORPOR     abbreviations of like import in language as will clearly indire	
abbreviations of like import in language as will clearly indic or partnership if not so contained in the name at present.)	ATEU", "COMPANY", "CORPORATION" or words or
or parmership it not so contained in the name at present.)	And backers on harmon arrangement of a 14 year backers
2Delavare	A 22 2120100
(State or country under the law of which it is incorporated)	3. <u>22-3120199</u> (FEI number, if applicable)
<b>A</b> =	•
4. September 18, 1991 5. P (Date of Incorporation) (Dura)	erpetual
,	tion: Year corp. will cease to exist or "perpetual"
6. Anticapated start date is April 19	<b>196</b>
(Date first transacted business in Florida. (See sections 607.150	01, 607.1502, and 817.155, F.S.J
7. 187 Monmouth Parkway	
THE THINKS OF THE PARTY OF THE	
West Long Branch, New Jersey 0776	34
(Current mailing address)	· · · · · · · · · · · · · · · · · · ·
8. To engage in any lawful act or acti	vity for which corporation may be organized
(Purpose(s) of corporation authorized in home state or c	country to be carried out in the state of Floridal
9. Name and street address of Florida register	red agent:
	-k
Name:Insurance Commission	
Office Add Onnice)	95 JKS
Office Address: <u>Capitol</u>	DEC
Tallahassee	. 0-1
AGI AGI MOSCC	, Florida , <u>32399-0300</u>
	(Zip Code)
0. Registered agent's acceptance:	
	F. Alle
daving been named as registered agent and to accept the place designed in this party	ront convine of measure for the share at AV
"-"P" "O" OT THE DIQUE DESIGNATION IN THIS ANNIA	797/AA   MAGABIA AAAAAA ABA =====!=4==== - 4 ==
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of all statutes relative to the proper and complete points and accept the obligations of my position as re	00H00000000000000000000000000000000000
war and accept the obligations of my position as re	egistered agent.

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.

Insurance Commissioner

(Registered agent's signature)

12. Names NOT	and addresses of officers and/or directors: (Street address ONLY-P. O. Box acceptable)
1.5	CTORS (Street address only- P. O . Box NOT acceptable)
Chairman:	Stephen A. Kardos
•	187 Monmouth Parkway, West Long Branch, NJ 07764
and the second	man:
•	
·	
Director: _	
Director:	
Address:	
_	
B. OFFIC	ERS (Street address only- P. O. Box NOT acceptable)
President: _	Victor J. Fresolone
Address:	187 Monmouth Parkway
_	West Long Branch, NJ 07764
Vice Preside	ent: Rebecca Goodhue
•	187 Monmouth Parkway
	West Long Branch, NJ 07764
	Rosemary Cooperstein
Address: _	187 Monmouth Parkway
	West Long Branch, NJ 07764
Treasurer:	
Address: _	
Officers and/	necessary, you may attach an addendum to the application listing additional for directors.  Alandary  The specification of the specific
	hen A. Kardos. Chief Executive Officer  (Typed or printed name and capacity of person signing application)
	(1ypeu or printed name and capacity of person signing application)

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "HEALTH NETWORK AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF JULY, A.D. 1991, AT 1 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

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

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

SECRETARY OF STATE DIVISION OF COMPORATION OF COMPORATION OF STATE OF STATE

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

7687574

950246799

2269104 8310

DATE:

10-25-95