

F99000001982

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: America's Health Network, 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", 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:

Richard L. Scott  
(Name of Person)  
America's Health Network, Inc.  
(Firm/Company)  
100 First Stamford Place, Suite 625  
(Address)  
Stamford, CT 06902  
(City/State/Zip)

W99-2523

800002760398-6  
-04/13/99--01050--002  
\*\*\*1300.00 \*\*\*1300.00

Should you need to call someone concerning this matter, please call:

800002760398-6  
-02/01/99--01111--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Kerry M. Balthrop at (817) 788-9191  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS

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

999

Conflict  
M96-60



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 1, 1999

RICHARD L. SCOTT  
AMERICA'S HEALTH NETWORK, INC.  
100 FIRST STAMFORD PLACE, STE. 625  
STAMFORD, CT 06902

SUBJECT: AMERICA'S HEALTH NETWORK, INC.  
Ref. Number: W99000002523

We have received your document for AMERICA'S HEALTH NETWORK, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 199A00004379



April 9, 1999

Ms. Jennifer Sindt, Document Examiner  
Florida Department Of State, Division Of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2500 UNIVERSAL  
STUDIOS PLAZA  
ORLANDO  
FLORIDA 32819  
TEL 407-224-6800  
FAX 407-224-6820

Dear Ms. Sindt:

This letter is in response to your letter dated February 1, 1999 regarding the penalty of \$1,000 for each year America's Health Network, Inc. transacted business or conducted its affairs in Florida prior to qualification.

Pursuant to section 607.1502(4), we respectfully request that the Florida Department Of State reduce the penalty to \$500 for each year during which the entity transacted business in the state without a certificate of authority.

Enclosed please find a check in the amount of \$1,300 for the following:

1997: Penalty -	\$ 500
Annual Fee -	\$ 150
1998: Penalty -	\$ 500
Annual Fee -	<u>\$ 150</u>
Total	\$1,300

Also, enclosed is the consent from America's Health Network, L.L.C. for use of the name America's Health Network, Inc. in the state of Florida.

If you have any questions or need any additional information, please call me at (407) 224-6919.

Sincerely,

Michael C. Hendrix

Enclosures

America's Health Network, L.L.C.  
2500 Universal Studios Plaza  
Orlando, FL 32819-7626  
(407) 224-6800 (Phone)  
(407) 224-6839 (Fax)

April 9, 1999

Qualification / Tax Lien Section  
Division Of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
Attention: Jennifer Sindt

Re: America's Health Network, Inc.  
Reference Number: W99000002523  
Letter Number: 199A00004379

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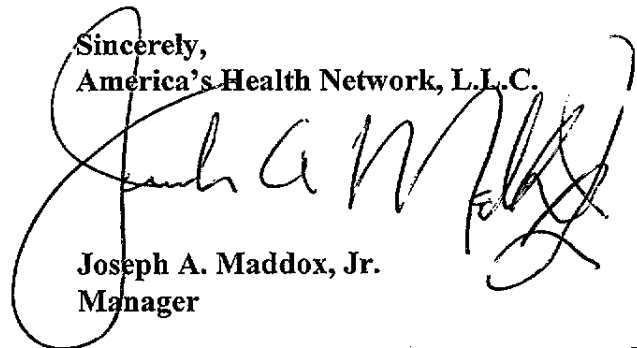
Dear Ms. Sindt:

This letter is written in connection with an Application by Foreign Corporation for Authorization to Transact Business in Florida (the Application) which was filed in your office by our affiliate, America's Health Network, Inc., a Delaware corporation (the Applicant). The Application was rejected by your office because the name is not available.

Please be advised that America's Health Network, L.L.C. is an affiliate of the Applicant. So that the Application may be processed by your office, America's Health Network, L.L.C. hereby consents to the Applicant's use of the name America's Health Network, Inc.

It is our understanding that upon receipt of this letter by your office, the Application will be filed. If you have any questions or need additional information, please do not hesitate to call Mike Hendrix at (407) 224-6919. Thank you for your assistance in this matter.

Sincerely,  
America's Health Network, L.L.C.



Joseph A. Maddox, Jr.  
Manager



# Department of State

## Memorandum Office of the General Counsel

TO: File

FROM: Gerard York, Assistant General Counsel

DATE: April 14, 1999

RE: America's Health Network, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1997 of \$300.00 and foreign non-qualified penalties for the same period of \$ 1000.00 assessed at the statutory minimum of \$ 500.00 per year and wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

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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. America's Health Network, 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. 62-1724531  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/30/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/30/97 - Purchased partnership interest  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 100 First Stamford Place, Suite 625  
Stamford, CT 06902  
(Current mailing address)

8. Holding company  
(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: United Corporate Services, Inc.

Office Address: 801 Northeast 167th Street, Suite 300  
North Miami Beach, Florida, 33162  
(Zip code)

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**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.*

Michael J. [Signature]  
(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Richard L. Scott

Address: 100 First Stamford Place, Suite 625

Stamford, CT 06902

Director: \_\_\_\_\_

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

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

President: Richard L. Scott

Address: 100 First Stamford Place, Suite 625

Stamford, CT 06902

Vice President: \_\_\_\_\_

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

Secretary: Richard L. Scott

Address: 100 First Stamford Place, Suite 625

Stamford, CT 06902

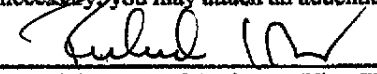
Treasurer: Richard L. Scott

Address: 100 First Stamford Place, Suite 625

Stamford, CT 06902

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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. Richard L. Scott  
(Typed or printed name and capacity of person signing application)



State of Delaware  
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICA'S HEALTH NETWORK, 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 NINETEENTH DAY OF JANUARY, A.D. 1999.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE: 9527929

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