

F 00000000657

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Henry Ford Health System
(Name of Corporation)

800003109718--3
-01/25/00--01039--006
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

W-2256

Please return all correspondence concerning this matter to the following:

Shirley Esperanza
(Name of Person)

Health Care Pharmacy
(Firm/Company)

615 S Ware Blvd
(Address)

Tampa FL 33619
(City, State and Zip Code)

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00 FEB -4 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

mtu
2/7

Shirley Esperanza at (813) 621-4800x2101
(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

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 26, 2000

SHIRLEY ESPERANZA
HEALTHFORD PHARMACY
615 S. WARE BLVD
TAMPA, FL 33619

SUBJECT: HENRY FORD HEALTH SYSTEM
Ref. Number: W00000002250

We have received your document for HENRY FORD HEALTH SYSTEM and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 300A00003718

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Henry Ford Health System Corporation
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Michigan 3. 38-1357020
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 8, 1915 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 1, 2000
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. One Ford Place
Detroit, MI 48202
(Current mailing address)
8. Provision of Pharmacy Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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TALLAHASSEE, FLORIDA

9. Name and street address of Florida registered agent:

MP Total Care Attn Shirley Esperanza
(Name)
615 South Ware Blvd., Suite I
(Office address)
Tampa, Florida, 33619
(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.

Shirley Esperanza
(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: _____

Address: _____

Director: _____

Address: _____

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

President: Gail L. Warden

Address: 250 Washington Road

Grosse Pointe, MI 48230 (313) 881-2615

Vice President: _____

Address: _____

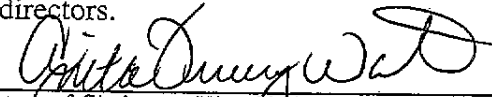
Secretary: Anita Fennessey Watson (313) 881-5034

Address: 597 Peartree Lane Grosse Pointe, Woods, MI 48236

Asst: Treasurer: David E. Mazurkiewicz (248) 887-2646

Address: 424 Sunset White Lake, MI 48383

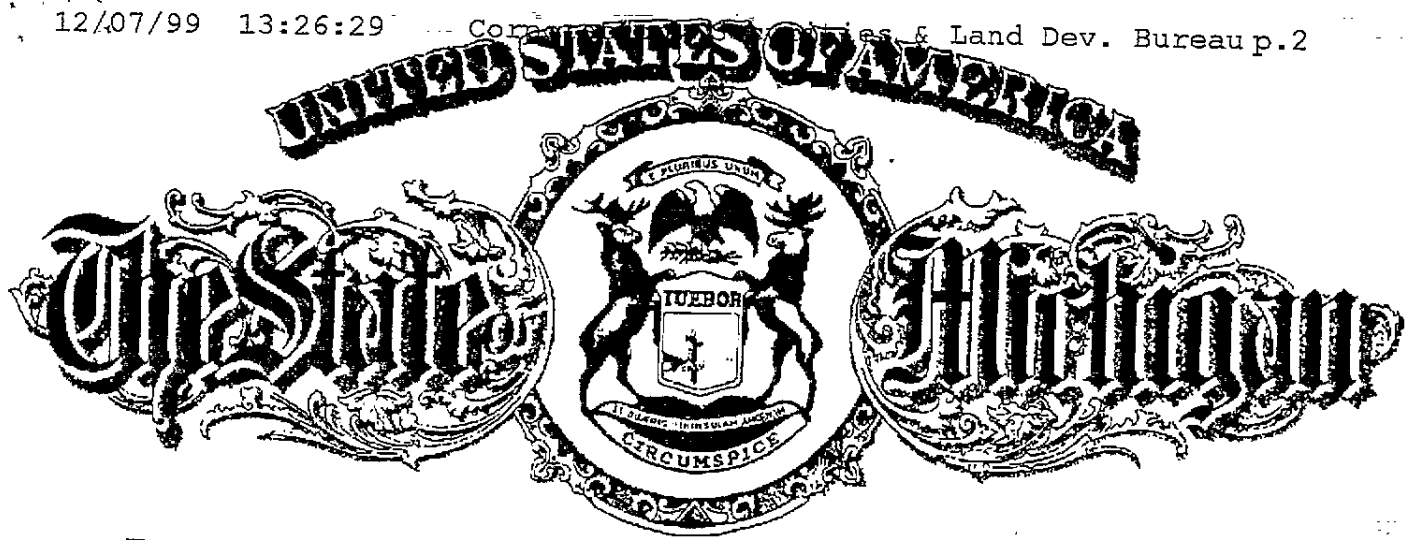
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

Anita Fennessey Watson; Secretary
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FILED



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

HENRY FORD HEALTH SYSTEM

was validly incorporated on September 8, 1915, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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00 FEB 4 PM 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 7th day of December, 1999.

John R. Webb, Director

Sent by Facsimile Transmission

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Corporation, Securities and Land Development Bureau