Documer (n) 0000002427

C T Corporation System				
Requestor's Name 660 East Jefferson Stree				
Address				
Tallahassee, FL 32301	(850) 222-1092			
City State Zip	Phone	-	+000032 3 -05/02/00	355246 01064017
CORPORATI		*****70.	00 *****70.00	
		(a)		
Health	nScreen A	merica]	Inc.	
(√Profit		•		2 000
() NonProfit	() Amendm	ont	() Marsar	3 77
() Limited Liability Compa		CI IL	() Merger	PH 3.
(V Foreign		on/Withdrawal	() Mark	6
() Limited Partnership	() Annual R	enort .	() Other	
			• •	D. 4
() Reinstatement () Limited Liability Partnership		OH:	() Change of	H.A.
() Certified Copy			() Fich 50	us Hame
() Certified Copy	() Photo Co	pies	() CUS E	3 m
() Call When Ready	() Call if Pro	blem	() After 4:30:	7 2
Maik In	() Will Wait		Pick Up	10
() Mail Out	()		THE THE ST	3
			0R.	₩ m
Name			Z Z	00
Availability		PLF	EASE RETURN EX	TRA COPY(S)
Document	_		FILE STAMPE	
Examiner	5-2		THANKS !	
Updater	O*d.			
"			CAROL CLARK	
Verifier		,		
Acknowledgment	/	P_{λ}		
W.P. Verifier	15/2			

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN RE	COMPLIANCE GISTER A FOR	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITE REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	ED TO
_	WaalthScre	een America, Inc.	200
	(Name of corpora	ation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or ations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)	THE COSPORATE
_	Dalamana	3. 59-3562330 (FEI number, if applicable)	
2.	(State or country	under the law of which it is incorporated) 3. 59-3562330 (FEI number, if applicable)	o €
	(State of Coming)		0,
4.	February_	1, 1999 5. Perpetual Confine (Duration: Year corp. will cease to exist or "perpetual")	al")
	(Date	e of incorporation) (Duration: Year corp. will cease to exist of perpett	,
6	Upon Qual	ification	
٠.	(Date first	ification transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
_	AFEE Emor	son Expressway, Suite 200	
7.	4555 Eller	SOII EXPLOSINGLY, SCENE	• • •
	Jacksonvi	11e, Florida 32207	
		(Current mailing address)	
_	Any 1 21/2 Fil	ll act or activity.	
8	(Purpose)	(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	• -		able)
9	. Name and str	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept	aoicj
	Name:	CT Corporation System	
	2100000		
(Office Address:	1200 South Pine Island Road	
		Plantation , Florida, 33324 (Zip code)	
		(Zip code)	
	40 B	a continua contante	
	10. Registered	agent's acceptance:	
	this application, I with the provision	ned as registered agent and to accept service of process for the above stated corporation at the latest the appointment as registered agent and agree to act in this capacity. I furthest of all statutes relative to the proper and complete performance of my duties, and I am fanted from the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties, and I am fanted the proper and complete performance of my duties.	e place designated in er agree to comply viliar with and accept
		CT Corporation System SPECIAL ASSISTANT SECRETARY	
		CT Corporation System SPECIAL ASSISTANT SECRETARY (Registered agent's signature)	
		, -	inglian to the
	11. Attached is a Department of St	a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate, by the Secretary of State or other official having custody of corporate records in the jurisdicate,	iction under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

airman: <u>See Exhibit A</u>		#	۸
dress:			. 14
			<u>_</u>
ce Chairman:			8
ldress:	The state of the s		至 9720
		# · *	~ 'S
rector:			3 00
ddress:			
			<u> </u>
irector:			
ddress:			
resident: See Exhibit	- Francisco de la Companya del Companya de la Companya del Companya de la Compan		
Address:		<u> </u>	
/ice President:	The Company of the Co	2-10	
Address:	***	X	7. *
, , , , , , , , , , , , , , , , ,			1958
			*.
Secretary:			. :
Address:			.fe =
	<u> </u>		
Treasurer:		\$.	
Address:			
	tach an addendum to the application listing add	litional officers and/or directors.	
NOTE: If necessary, you may at			
/	airman, Vice Chairman, or any officer listed in	number 12 of the application)	

EXHIBIT A

DIRECTORS AND OFFICERS OF HEALTHSCREEN AMERICA, INC.

DIRECTORS

Name

Mailing Address

Christopher T. Fey

4555 Emerson Expressway, Suite 200

Jacksonville, Florida 32207

Frederick W. Fey

4555 Emerson Expressway, Suite 200

Jacksonville, Florida 32207

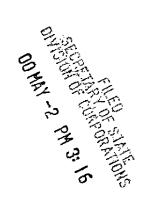
OFFICERS

Name Title Mailing Address

Christopher T. Fey Chairman of the Board 4555 Emerson Expressway and Chief Executive Officer Jacksonville, Florida 32207

Frederick W. Fey President, Chief Operating Officer Secretary and Treasurer Jacksonville, Florida 32207

JK148172



TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: HealthScreen America, Inc.	0, 30
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation
Please return all correspondence concerning this ma	atter to the following:
Michael B. Kirwan, Esq.	
(Nam	e of Person)
LeBoeuf, Lamb, Greene & Ma	
(Firm)	(Company)
50 N. Laura Street, Suite	2800
	Address)
\	,
Jacksonville, Florida 322	202
(City	/State/Zip)
Should you need to call someone concerning this m	atter, please call:
Michael B. Kirwan at (904	4) 354-8000
	rea Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	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 & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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 "HEALTHSCREEN AMERICA, 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 FIRST DAY OF MAY, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

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

Edward J. Freel, Secretary of State

DATE:

0410470 STICATION:

2999289 8300

AUTHENTICATION:

05-01-00