

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Name : BERGER DAVIS & SINGERMAN
Account Number : I19990000048
Phone : (954) 525-9900
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FOREIGN PROFIT QUALIFICATION

SECURITY HEALTHCARE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

00 OCT -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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00 OCT -3 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/03/00 16:05 FAX 954 377 0400

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 3, 2000

BERGER DAVIS & SINGERMANN

SUBJECT: SECURITY HEALTHCARE CORPORATION
REF: W00000023989

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Because this corporation's name is available for use in Florida, it may not adopt a different name for use in Florida. Please correct line 1 to match exactly the name as it appears in your certificate from Delaware.

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) 487-6958.

Lee Rivers
Document Specialist

FAX Aud. #: H00000052283
Letter Number: 000A00052397

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TALLAHASSEE FLORIDA

FAX AUDIT NO.: H00000052283

**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. SECURITY HEALTHCARE CORPORATION
(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
(State or country under the law of which it is incorporated)
3. 65-1010403
(FBI number, if applicable)
4. May 16, 2000
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing of this Application.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7061 Cypress Road, #104
Plantation, FL 33317
(Current mailing address)

- The purpose of the corporation is to engage in any lawful act or activity for which
8. corporations may be organized under the General Corporation Law of Delaware and the
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Florida Statutes.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Robert W. BarronOffice Address: 350 East Las Olas Boulevard, Suite 1000Fort Lauderdale, Florida, 33301
(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.



(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)

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TALLAHASSEE FLORIDA

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lawrence R. Spira, M.D.Address: 7061 Cypress Road, #104Plantation, FL 33317

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)President/CEO Lawrence R. Spira, M.D.Address: 7061 Cypress Road, #104Plantation, FL 33317Secretary Lawrence R. Spira, M.D.Address: 7061 Cypress Road, #104Plantation, FL 33317Assistant Secretary: Robert W. BarronAddress: 350 East Las Olas Boulevard, Suite 1000Fort Lauderdale, FL 33301Treasurer: Lawrence R. Spira, M.D.Address: 7061 Cypress Road, #104Plantation, FL 33317

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. Lawrence R. Spira, M.D., President
(Typed or printed name and capacity of person signing application)FILED
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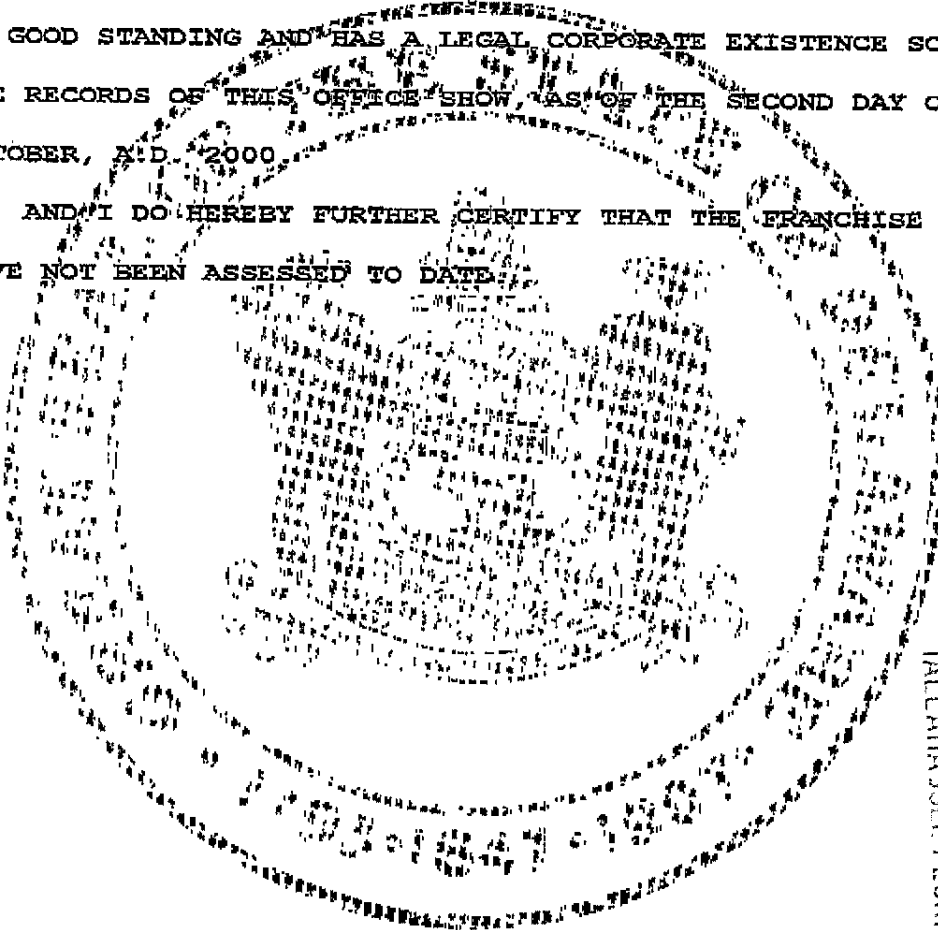
State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURITY HEALTHCARE CORPORATION" 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 SECOND DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -3 AM 10:21

FILED



Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION: 0710220

3229329 8300

001496170

DATE: 10-02-00

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