F0000006227

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

CORPORATION(S) NA	ME	-11/07/0001001013 *****70.00 *****70.00
1CarePlace, Inc.		
		00 1 S
		552 6 1
(x) Profit () Nonprofit	() Amendment	() Merger CRIP 33
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability	11/06/00	Order#:
Document Examiner Updater		Ref#:
Verifier Acknowledgement W.P. Verifier	Fle Mist	Amount:\$

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.	lCAREPLACE, INC.	s	
words o	of corporation; must include the word "INCORPORATI or abbreviations of like import in language as will clearly person or partnership if not so contained in the name at p	indicate that it is a cornoration ins	ION" or tead of a
2	DELAWARE 3.	01-0538189	
(State	or country under the law of which it is incorporated)	(FEI number, if ag	oplicable)
4.	SEPTEMBER 1, 2000 5.	PERPETÜAL	TALSE
	(Date of incorporation)	(Duration: Year corp. will cease	to exist of perpetua")
6	UPON QUALIFICATION		B 6 5
(Date fir	rst transacted business in Florida. If corporation has not (SEE SECTIONS 607.1501,	transacted business in Florida, insection 607.1502 and 817.155, F.S.)	rt "upon qualiffication"
7	1209 ORANGE STREET, WILMINGTON, I	DE 19801	
	(Principal office addr	ess)	7
	(Current mailing addr	ess)	
8. <u>LAW</u>	LAWFUL ACT OR ACTIVITY FOR WHICH COP		1:
(P	urpose(s) of corporation authorized in home state or cou	ntry to be carried out in state of Flo	orida)
9. Name a	and street address of Florida registered agent: (P.O. Box or Mail Drop Box <u>NC</u>	<u>)T</u> acceptable)
Na	ame: CT CORPORATION SYSTEM		· · · · · · · · · · · · · · · · · · ·
Office Add	dress: 1200 SOUTH PINE ISLAND ROAD	in the second se	
	PLANTATION, FL	, Florida33324	
	(City)	(Zip code)	
in Regist	tered agent's acceptance:	· ·	
Having be	en named as registered agent and to accept servic	e of process for the above states	d cornoration at the place
iesignuieu	in inis application, I nereby accept the appointm	ent as registered agent and age.	ee to act in this canacity. I
uriner agi	ree to comply with the provisions of all statutes re I I am familiar with and accept the obligations of	lative to the proper and comple	to norformance of my
***************************************	I am familiar with and accept the obligations of	my position as registered agent	<u>.</u>
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	/ (. 1	

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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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIREC	TORS	· -
Chairman: _	JAMES SOUZA	
Address:	970 Illinois Avenue	
	Bangor, ME 04401	
Vice Chairn	nan:	0
Address:		SECTION TO
— Director: _	ROBERT J. GRIFFIN	ASSET -6
Address:	Krokidas & Bluestein LLP	E.F.S.
	141 Tremont Street, Boston, MA 02111	ORNO 35
Director:	ARMANDO CHAPELLI, JR.	###)
	4915 Auburn Avenue, Suite 301	
	Bethesda, MD 20814	
B. OFFIC		
	JAMES SOUZA	
•	970 Illinois Avenue	A CONTRACTOR OF THE PARTY OF TH
Address	Bangor, ME 04401	
Vice Presid	ent:	·
Address: _		and the second second
	JAMES SOUZA	
Secretary:	970 Illinois Avenue, Bangor, ME 04401	· · · · · · · · · · · · · · · · · · ·
Address: _	JAMES SOUZA	
Treasurer:	970 Illinois Avenue, Bangor, ME 04401	
Address: _		- 1
NOTE: I	f necessary, you may attach an addendum to the application listing additional offic	cers and/or directors.
13	Fares Juna	Cat and Province
//	(Signature of Chairman, Vide Chairman, or any officer listed in number 12	or the application)
/14/J.	AMES SOUZA, PRESIDENT, SECRETARY AND TREASURER (Typed or printed name and capacity of person signing application)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

State of Delaware

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1CAREPLACE, 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2000.

SECHETHING OF STATE SECHETHING OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION: 0751358

DATE: 10-24-00

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