

FOOOOOO 6958

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Healthcare Resource Management Corporation  
(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:

Robert Loe  
(Name of Person)

Healthcare Resource Management Corporation  
(Firm/Company)

P.O. Box 578  
(Address)

Cornelius, NC 28031  
(City/State/Zip)

FILED  
DEC 15 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

W-28247

Robert Loe at (704) 987-8855 ext 203  
(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

November 30, 2000

ROBERT LEE  
PO BOX 578  
CORNELIUS, NC 28031

SUBJECT: HEALTHCARE RESOURCE MANAGEMENT CORP.  
Ref. Number: W00000028247

We have received your document for HEALTHCARE RESOURCE MANAGEMENT CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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/uniform business 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/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, 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 notarized 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, 617.1501 or 608.502, Florida Statutes.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any questions concerning the filing of your document, please call (850) 487-6097.

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CLERK OF THE  
DEPARTMENT OF  
STATE

Michael Mays  
Document Specialist

Letter Number: 200A00060758

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



December 11, 2000

RE: 200A00060758

Katherine Harris  
Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris:

Please waive the penalty of \$2,300.00 pursuant section 607.1502(4). Our company is transacting business in interstate commerce. We do not have an office or any employees that can represent us in business negotiations in the State of Florida. We have recently arranged for a registered agent.

Our interstate sales in Florida have increased and we felt it would be to our benefit to register our company with Florida Department of State. We are disappointed that our name is unavailable at this time. We would like to register in Florida adopting the name "HRMC Travelers".

Respectfully,

A handwritten signature in black ink, appearing to read "Robert Loe".

Robert Loe

Enclosure (1)

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TALLAHASSEE, FLORIDA

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Robert C. Loe, do hereby certify  
(Name)

that this Resolution of the Board of Directors of Healthcare Resource  
Management Corporation  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of North Carolina  
was duly adopted on December 11, 2000.

Be it resolved, that Healthcare Resource Management Corporation,  
(Corporate Name)

organized and existing in the State of North Carolina, hereby adopts the name  
HRMC Travelers Corp. for use in Florida.

Dated: 12/11/00

Robert C. Loe  
Signature of either Chairman, Vice Chairman or any officer

Robert C. Loe  
Type or print Name

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TALLAHASSEE, FLORIDA

**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. Healthcare Resource Management 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. North Carolina 3. 56-2043069  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 18, 1997 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/1/1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 578  
Cornelius NC 28031  
(Current mailing address)

8. To provide temporary employees to healthcare facilities  
(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: CT Corporation System

Office Address: 1200 South Pine Island Rd  
Plantation, Florida, 33324  
(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.

[Signature]  
(Registered agent's signature)

ALLAN FARNELL  
ASSISTANT SECRETARY

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)

*See Attached*

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

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

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

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

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

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

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

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

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

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Robert Loe, Asst Sec.  
(Typed or printed name and capacity of person signing application)

## Attachment 1 - HEALTHCARE RESOURCE MANAGEMENT CORPORATION

## Officers

Name	Title	SSN	Address	Phone
Sandra C. Gilbert	President	507-07-4849	1341 Manicott Dr. Matthews, NC 28105	704-847-6182
Robert F. Gilbert	V.P.	426-96-3052	1341 Manicott Dr. Matthews, NC 28105	704-847-6182
Suzette M. Marek	Secr./Treas.	485-76-4839	3635 Foxboro Ln, NE Hickory, NC 28601	828-256-4620
Robert C. Loe	Asst. Sec.	426-96-4854	7 East Berkley Ave. Granite Falls, NC 28630	828-396-5957

## Board of Directors

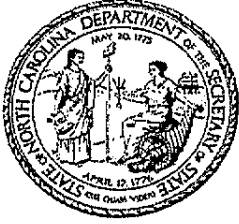
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TALLAHASSEE, FLORIDA





# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

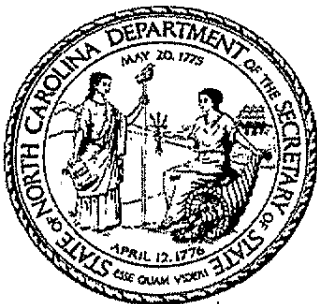
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

#### HEALTHCARE RESOURCE MANAGEMENT CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of August, 1997, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of November, 2000.

*Elaine F. Marshall*

Secretary of State