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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HP/MANAGEMENT SERVICES, INC.  
(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:

000003517680-19  
-01/01/01--01007--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Janet Funk Mendola  
(Name of Person)

HealthPrime, Inc.  
(Firm/Company)

950 North Point Parkway, Suite 100  
(Address)

Alpharetta, GA 30005  
(City/State and Zip code)

For further information concerning this matter, please call:

Janet F. Mendola at ( 770 ) 870.2843  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
01 JAN -3 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtw  
1/3

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

**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. HP/Management Services, Inc.  
(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. Georgia  
(State or country under the law of which it is incorporated)
3. 58-2533396  
(FEI number, if applicable)
4. 3/30/2000  
(Date of incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. n/a  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005  
(Current mailing address)
8. management company  
(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: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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TALLAHASSEE, FLORIDA

**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.*

C T Corporation System

[Signature]  
(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: Douglas K. Mittleider

Dir Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

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

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

Director: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

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

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

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

President: Douglas K. Mittleider

Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

Vice President: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

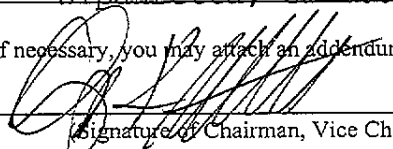
Secretary: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

Treasurer: Douglas K. Mittleider

Address: 950 North Point Parkway, Suite 100  
Alpharetta, GA 30005

**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. Douglas K. Mittleider, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0014918  
DATE INC/AUTH/FILED: 03/30/2000  
JURISDICTION : GEORGIA  
PRINT DATE : 12/08/2000  
FORM NUMBER : 211

HEALTHPRIME, INC.  
JANET FUNK MENDOLA  
950 NORTH POINT PARKWAY  
SUITE 100  
ALPHARETTA, GA 30005

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HP/MANAGEMENT SERVICES, INC.  
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20001208181923080



*Cathy Cox*

Cathy Cox  
Secretary of State