ACCOUNT NO. : 072100000032

REFERENCE : 077247 7133612

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: March 14, 2001

ORDER TIME: 11:33 AM

ORDER NO. : 077247-005

CUSTOMER NO: 7133612

CUSTOMER: Mr. Kevin J. Loechl

Bird & Associates 1150 Monarch Plaza 3414 Peachtree Road, Ne

Atlanta, GA 30326

800003852628--3 -03/14/01--01069--001 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

### FOREIGN FILINGS

NAME:

HEALTHCARE MANAGEMENT

ADVISORS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:





### 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.

l. Healthcar	re Management Adv	isors. Inc					
(Name of corpo	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or						
	viations of like import in						
	or partnership if not so co			•			
2. <u>Georgia</u>		3.	<u>58-18</u>	99427			
(State or count	try under the law of which	it is incorporated)		(FEI number, if app	olicable)		
4. <u>5/25/199</u> 0						_	
(Da	te of incorporation)		(Duration: Y	ear corp. will cease to	exist or "perpetual"	)	
6 110m 6	Dualification						
	acted business in Florida.	If corporation has no	t transacted bus	iness in Florida, insert	"upon qualification '	<u>,,</u>	
Q		SECTIONS 607.150			· upon quantituazon.	,	
	`			, , ,			
7. <u>11940 Alr</u>	haretta Highway,	Suite 150, Al	pharetta.	GA 30004-2007		_	
		(Principal office add	lress)				
11040 31-	hamatta Minhama	Outto 450 33	1	<b>63</b> 20004 0005			
11940 ALC	oharetta Highway,	(Current mailing add	pnaretta.	GA 30004-2007			
To conduct the bu	siness of advisi	(Cuiteni maning add or healthcare	ncss) providers	on hilling and	reimburgement	- progodurog	
and to conduct of	her lawful busine	ess which the	corporatio	n is authorize	d to conduct :	nger procedures	
<pre>8. applicable</pre>	laws of Georgia	and which for	eion corpo	rations may co	nduct under a	hider Tolicable	
(Purpose	(s) of corporation authoriz	ed in home state or co	ountry to be car	ried out in state of Flo	rida) Florida		
•	•		-			70 T	
9. Name and <u>st</u>	<u>reet address</u> of Florida	a registered agent:	(P.O. Box or	Mail Drop Box NO	Tacceptable)	LED LED	
					بديري	2 E	
Name:	Corporation Serv	<u>vice Company</u>			mi 🚍	主 つ	
			•		70		
Office Address:	1201 Hays Street	5			97	9	
44	- 11 \				D.F.	<b>.</b>	
<b>7</b>	Tallahassee		, Florida		, 32		
	(City)	<del>(c</del>		(Zip code)			
				•			
	agent's acceptance:	_				_	
	med as registered agen						
	is application, I hereby						
	comply with the provis					my	
duties, and I am	familiar with and acce	ept the obligations of	f my position	as registered agent			
	/	/					
	(\ _ / /		. 1				
	XXX	Valla ( &	Hom.	Un-			
•		(Paristant	iomotrane)				
	$\wedge$	(Registered agent's s	iguature)	Lynefte Cole	amon	_	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior against 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 business addresses of officers and/or directors:

A. DIRE	CTORS	
Chairman:	L. Lamar Blount	
Address: _	11940 Alpharetta Highway, Suite 150	
مىيىد. مىيىد	Alpharetta, GA 30004-2007	
Vice Chain	man:	
Address: _		
 Director: _	Joanne Waters	
	11940 Alpharetta Highway, Suite 150	
	Alpharetta, GA 30004-2007	
_		٠, 9
		四重力
_		影言こ
B. OFFI	CERS	SET BU
President:	L. Lamar Blount	92.9
Address: _	11940 Alpharetta Highway, Suite 150	<u> </u>
_	Alpharetta, GA 30004- 2007	-
Vice Presid	lent:	
Address: _		**************************************
- Secretary:	Joanne Waters	
Address: _	11940 Alpharetta HIghway, Suite 150, Alpharetta, GA 30004-2007	
Treasurer:	L. Lamar Blount	
Address: _	11940 Alpharetta Highway, Suite 150, Alpharetta, GA 30004-2007	
	f necessary, you may attach an addendum to the application listing additional officers and	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	oplication)
14	I. Lamar Blount, President (Typed or printed name and capacity of person signing application)	

## **Secretary of State**

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

BIRD & ASSOCIATES, P.C. KEVIN J. LOECHL, ESQ. 1150 MONARCH PLAZA 3414 PEACHTREE RD., N.E. ATLANTA, GA 30326 CONTROL NUMBER : K010332
DATE INC/AUTH/FILED: 05/25/1990
JURISDICTION : GEORGIA
PRINT DATE : 03/12/2001

FORM NUMBER : 211

OTHAR IL PH 1: 04
SECRETARISSEE FLORIDA

#### 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

HEALTHCARE MANAGEMENT ADVISORS, 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.

20010312152823092



Cathy Cox Secretary of State