

FO1 000001691

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physicians Consultant and Management Corporation of  
(Name of corporation - must include suffix) New York, Inc.

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:

900003910539--1  
-03/26/01--01147--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Laura Otzel  
(Name of Person)

ICSL  
(Firm/Company)

10 Dorrance Street, Ste 400  
(Address)

Providence, RI 02903  
(City/State and Zip code)

For further information concerning this matter, please call:

Laura Otzel at ( 401 ) 831-6755  
(Name of Person) (Area Code & Daytime Telephone Number)

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01 MAR 26 AM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

mtu  
3/28

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. Physicians Consultant and Management Corporation of New York, 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. New York 3. 65-0825587  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/7/94 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3801 PGA Boulevard, Ste 902, Palm Beach Gardens, FL 33410  
(Principal office address)

10 Dorrance Street, Ste 400, Providence, RI 02903  
(Current mailing address)

8. specialty 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)

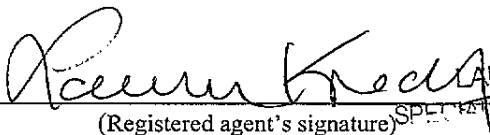
Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324  
(City) (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) **AUREN H. KREATZ,**  
SPECIAL 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michael T. Heffernan

Address: 10 Dorrance St., Ste. 400  
Providence, RI 02903

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

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

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

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

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

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

B. OFFICERS

President: ~~+~~CEO: Michael T. Heffernan

Address: (same as above)

Vice President: ~~+~~COO: John Wardle

Address: (same)

Secretary: Gary S. Gillheeney

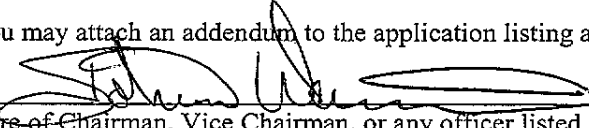
Address: (same)

Treasurer: ~~+~~CFO: Gary S. Gillheeney

Address: (same)

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TALLAHASSEE, FLORIDA

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. John Wardle, Chief Operating Officer  
(Typed or printed name and capacity of person signing application)

# State of New York } ss: Department of State

I hereby certify, that the Certificate of Incorporation of PHYSICIAN CONSULTANT AND MANAGEMENT CORPORATION OF NEW YORK was filed on 06/07/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.



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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of February  
two thousand and one.

Special Deputy Secretary of State

200102070230 \* 07

SECRETARY OF STATE  
TALLAMUSSE, FLORIDA

01 MAR 26 AM 1:48

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