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AKERMAN SENTERFITT

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE

Account Number : 105543000740

Phone : (904) 798-3700

Fax Number : (904) 798-3730

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FOREIGN PROFIT QUALIFICATION

TRA PROVIDER SERVICES, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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904-788-3730

T-384 P.002/009 F-089



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 26, 2001

AKERMANTENTERFITT OF JACKSONVILLE

SUBJECT: TRA PROVIDER SERVICES, INC.
REF: W01000014789

01 JUN 26 AM 11:02
FILED
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Agnes Lunt
Document Specialist

FAX Aud. #: H01000076352
Letter Number: 001A00038505

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRA Provider 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:

Rick M. Reznicek, Esquire

(Name of Person)

Akerman, Senterfitt & Eidson, P.A.

(Firm/Company)

50 North Laura Street, Suite 2750

(Address)

Jacksonville, FL 32202

(City/State and Zip code)

For further information concerning this matter, please call:

Rick M. Reznicek

(Name of Person)

at (904) 798-3700

(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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|--|

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TALLAHASSEE, FLORIDA

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**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. TRA Provider 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. Alabama
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. May 24, 2001
(Date of incorporation)
5. Perpetual
(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. 14000 A Annie Cooper Lane, Summerdale, AL 36580-4252
(Principal office address)
14000 A Annie Cooper Lane, Summerdale, AL 36580-4252
(Current mailing address)
8. Health Care Consulting Services
(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: Motolaw, Inc.
Office Address: 50 North Laura Street, Suite 2750
Jacksonville, _____, Florida 32202
(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)

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Debra Jean TuckerAddress: 14000 A Annie Cooper LaneSummerdale, AL 36580-4252

Director: _____

Address: _____

B. OFFICERS

President: Debra Jean TuckerAddress: 14000 A Annie Cooper LaneSummerdale, AL 36580-4252Vice President: Debra Jean TuckerAddress: 14000 A Annie Cooper LaneSummerdale, AL 36580-4252Secretary: Debra Jean TuckerAddress: 14000 A Annie Cooper Lane, Summerdale, AL 36580-4252Treasurer: Debra Jean TuckerAddress: 14000 A Annie Cooper Lane, Summerdale, AL 36580-4252

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

13. Debra Jean Tucker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Debra Jean Tucker, President
(Typed or printed name and capacity of person signing application)

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STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Section 10-2B-4.02, Code of Alabama 1975, and upon an examination of the corporation records on file in this office, the following corporate name is reserved as available:

TRA Provider Services, Inc.

This domestic corporation name is proposed to be incorporated in Baldwin County and is for the exclusive use of Cindy Hicks, 103 North Meridian St, Tallahassee, FL 32301 for a period of one hundred twenty days beginning May 3, 2001 and expiring September 1, 2001.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 3, 2001

Date

Jim Bennett

Secretary of State

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