

CT CORPORATION SYSTEM

F010000003707

CORPORATION(S) NAME

Eoshealth, Inc.

200004474382--9
-07/13/01--01045--008
*****70.00 *****70.00

200004474382--9
-07/13/01--01045--009
*****8.75 *****8.75

80170004/44/
~~80170004/44/~~

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/13/01

Order#: 4657473

Ref#: _____

Amount: \$ _____

BK

FILED
01 JUL 13 PM 12:29
RECEIVED
01 JUL 13 AM 11:00
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION
SECRETARY OF STATE

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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. eoshealth, 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. Arizona
(State or country under the law of which it is incorporated)

3. 86-0973543
(FEI number, if applicable)

4. 11-9-99
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2141 E Broadway Road, Suite 118

Tempe, AZ 85282

(Current mailing address)

8. TPA and health management 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

CT Corporation System

By: _____

(Registered agent's signature)

Candice Maerz, Asst. Secy.

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)

FILED
JUL 13 PM 12:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Richard E. Standridge, MD

Address: 2141 E. Broadway Road, Suite 118

Tempe, AZ 85282

Vice Chairman:

Address:

Director: Eugene P. Samuels, JD, MBA

Address: 2141 E. Broadway Road, Suite 118

Tempe, AZ 85282

Director:

Address:

FILED
JUL 13 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

President: Richard E. Standridge, MD

Address: 2141 E. Broadway Road, Suite 118

Tempe, AZ 85282

Vice President:

Address:

Secretary: Richard E. Standridge, MD

Address: 2141 E. Broadway Road, Suite 118

Tempe, AZ 85282

Treasurer: Richard E. Standridge, MD

Address: 2141 E. Broadway Road, Suite 118

Tempe, AZ 85282

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

13.

Richard E. Standridge
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Richard E. Standridge, MD

(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



FILED
JUL 13 11:29
SECRETARY OF STATE
TREASURER, FLORIDA

Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****EOSHEALTH, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on November 9, 1999.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 27th Day of June, 2001, A. D.



EXECUTIVE SECRETARY

BY:

[Signature]
[Signature]