•	ACCOUNT NO. : 07210000003	
	REFERENCE : 357613	4327236 SET N
	AUTHORIZATION :	Manto France
	COST LIMIT : \$ 78.75	
ORDER DATE : 2	August 2, 2001	
ORDER TIME : :	10:06 AM	2 10
ORDER NO. : 3	357617-005	SUFF
CUSTOMER NO:	4327236	
Gard Suit 321	Shelley Clifford-panico Iner Carton & Douglas te 3400 North Clark Street cago, IL 60610-4795	AM 11: 09
	FOREIGN FILINGS	· · · · · · · · · · · · · · · · · · ·
NAME :	CENTRAD HEALTHCARE, INC.	
XXXX QUALIFICA	TION (TYPE: <u>CO</u>)	700004512707-
PLEASE RETURN T	HE FOLLOWING AS PROOF OF FILING	3:
XX PLAIN S XX CERTIFI	TAMPED COPY ED COPY	and the second se
		· · ·
CONTACT PERSON:	Norma Hull EXT# 1115	1

	CATION BY FOREIGN CORPORA BUSINES	TION FOR AUTHORIZA S IN FLORIDA	TION TO TRANS	SACT	
1. <u>Centrad</u> (Name of corp words or abbr	ICE WITH SECTION 607.1503, FLORIDA FOREIGN CORPORATION TO TRANSACT Healthcare, Inc. poration; must include the word "INCORPORA eviations of like import in language as will clea or partnership if not so contained in the name a	STATUTES, THE FOLLOWIN T BUSINESS IN THE STATE (TED", "COMPANY", "CORPO	OF FLORIDA.	FILED 1:5	` ∂
2. Delaware		, 36-4367825	· · · ·	Dr. F	
(State or cour	ntry under the law of which it is incorporated)	(FEI number,	if applicable)		\$. v
4. June 19,	2000	Perpetual		:	
(D;	ate of incorporation)	(Duration: Year corp. will ce	ase to exist or "perpetu:	al")	المعادي ومعادي
6. upon qual.	ification _				
(Date first trans	sacted business in Florida. If corporation has n (SEE SECTIONS 607.150	ot transacted business in Florida, 01, 607.1502 and 817.155, F.S.)	insert "upon qualificatio	<u>,</u> ,	
7. 184 Shumar	n Blvd., Suite 130, Naperville,	IL 60563			
	(Principal office ad	dress)			. * ** ;
184 Shumar	Blvd., Suite 130, Naperville,	IL 60563			
	(Current mailing ad	dress)		· ·	- <u></u>
	in any lawful act or activity	<u> </u>		. ·	·
(Purpose	c(s) of corporation authorized in home state or c	ountry to be carried out in state o	f Florida)		
9. Name and <u>st</u>	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box	<u>NOT</u> acceptable)		
Name:	Corporation Service Company	- <u>.</u>	·····	-	
Office Address:	1201 Hays Street	<u></u>	-	-	· …
	Tallahassee	, Florida 32301			
	(City)	(Zip code)		-· ±= .	
	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.

Lynette Coleman Corporation S as its 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.

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

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12. Names and business addresses of officers and/or directors:	2	
A. DIRECTORS	ALL ALL T	
Chairman: See attached officers/directors rider	PIC O L	1
Address:	Struct P	5
	TIC	
Vice Chairman:	REA OF	
		<u></u>
Address:		
	· · · · · · · · · · · · · · · · · · ·	
Director:		· ·2
Address:		<u>.</u>
	<u> </u>	·
Director:	· · · · · · · · · · · · · · · · · · ·	<u></u>
Address:		
B. OFFICERS		<u></u>
President:		
Address:	······································	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		_
Vice President:		<u>.</u>
Address:		
	<u></u>	
Secretary:		
Address:		n
		_ , .
Treasurer:		
Address:		<u>a e la co</u> n
NOTE: If necessary, you may attach an addendum to the application listing additi	onal officers and/or directors	
~		
13. Chiller A William (Signature of Chairman, Vice Chairman, or any officer listed in nu	mber 12 of the application)	n Barly Libos Artistic Solition Artistic
14 Charles D. Walless Miss During the		
(Typed or printed name and capacity of person signing app	blication)	<u>n na serie de la pres</u>

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List of Directors/Officers Centrad Healthcare, Inc.

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	List of Directors/Officers Centrad Healthcare, Inc.		
Name	Position	Address	
Timothy L. Burfield	Director	Address 184 Shuman Blvd., Ste. 130 Naperville, IL 60563 c/o Gravson & Associates	
Michael B. Freedman	Director/Vice President	c/o Grayson & Associates 124 W. Putnum Avenue Greenwich, CT 06830	
William R. Korslin	Director/President, Assistant Secy./Asst. Treas.	3020 Red Oak Drive Harvard, IL	
Charles R. Wallace	Director/Vice President- Finance, Secy./Treas.	184 Shuman Blvd., Ste 130 Naperville, IL 60563	
Melissa Cassidy	Vice President- Reimbursement	184 Shuman Blvd., Ste 130 Naperville, IL 60563	
Geoffrey Gran	Vice President- Sales	184 Shuman Blvd., Ste 130 Naperville, IL 60563	
Joseph B. McCarthy	Vice President- Purchasing	184 Shuman Blvd., Ste 130 Naperville, IL 60563	
Jill McKay	Vice President Controller	184 Shuman Blvd., Ste 130 Naperville, IL 60563	

- :

State of Delaware Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STAT DELAWARE, DO HEREBY CERTIFY THAT "CENTRAD HEALTHCARE, ING , IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS

THE FOLLOWING DOCUMENTS HAVE BEEN FILED

CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF JUNE, A.D. 2000, AT 9-0'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CHRONICARE SERVICES, INC. " TO "CENTRAD HEALTHCARE, INC.", FILED THE TWENTY-EIGHTH DAY OF JULY, A.D. 2000, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Windsor, Secretary of State



AUTHENTICATION: 1267017

3247343 8310

010366139

DATE: 07-27-01

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