

# F0200000000008

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Strategic Healthcare Initiatives, 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  
to transact business in Florida.

Please return all correspondence concerning this matter

100004740221--8  
-12/27/01--01006--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Angie Jones

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Suite 550

(Address)

Little Rock, Arkansas 72207-5271

(City/State and Zip code)

For further information concerning this matter, please call:

Angie Jones

(Name of Person)

at ( 501 ) 664-8044

(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:

- ☒ \$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

FILED  
01 DEC 26 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

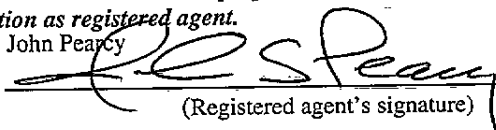
1. Strategic Healthcare Initiatives, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Texas 3. 75-2738756  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 23, 1997 5. Perpetual  
(Date of incorporation) (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. 1303 Walnut Hill Lane  
Irving, Texas 75038  
(Current mailing address)
8. To conduct the business of insurance, functioning as an insurance agency.  
(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: John Percy  
Office Address: 641 Poinsettia Road  
Belleair, Florida, 33756  
(Zip code)

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TALLAHASSEE, FLORIDA

**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.*

John Percy

  
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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

Chairman: Edward Sherwood

Address: 1303 Walnut Hill Lane

Irving, Texas 75038

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

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

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

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

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

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

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

President: Thomas Keenan

Address: 1303 Walnut Hill Lane

Irving, Texas 75038

Vice President: \_\_\_\_\_

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

Secretary: Neil Godbey

Address: 1303 Walnut Hill Lane

Irving, Texas 75038

Treasurer: \_\_\_\_\_

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

**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. \_\_\_\_\_

Thomas Keenan, President

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

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Geoffrey S. Connor  
Assistant Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for STRATEGIC HEALTHCARE INITIATIVES, INC. (filing number: 147057900), a Domestic Business Corporation, was filed in this office on December 12, 1997.

**It is further certified that the entity status in Texas is active.**

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 13, 2001.



A handwritten signature in black ink, appearing to read "G. S. Connor".

Geoffrey S. Connor  
Assistant Secretary of State