

CT

RATED

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CORPORATION(S) NAME

Financial Healthcare Associates, Inc.

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800005027358--2

03/01/02 01002--004

*****70.00 *****70.00

<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 BK
	<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 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 _____

2/28/02

Order#: 5154785

Ref#: _____

Amount: \$ _____

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

RECEIVED
 02 FEB 28 PM 2:56
 FILED
 02 FEB 28 PM 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

FILED
FEB 28 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, 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. Financial Healthcare Associates, 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. Ohio

(State or country under the law of which it is incorporated)

3. 34-1648108

(FEI number, if applicable)

4. 4/17/90

(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. 1388 Riverside Drive, Suite 100

Lakewood, Ohio 44107

(Current mailing address)

8. To carry on the business of collecting and investigating delinquent accounts

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

to be paid by third party sources to Hospitals, etc. and to engage in any lawful **

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T 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.

C T Corporation System

Charlotte Renee Cruz

(Registered agent's signature)

Charlotte Renee Cruz, Asst. 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.

** act or activity for which corporations may be formed under Florida law.

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: Brian M. Reese

Address: 1388 Riverside Drive, Suite 100
Lakewood, Ohio 44107

Vice Chairman: _____

Address: _____

Director: James C. Hyland

Address: 1496 South Green Road

South Euclid, Ohio 44121

Director: Robert C. McDonnell

Address: 13909 Lake Avenue
Lakewood, OH 44107

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

President: Brian M. Reese

Address: 1388 Riverside Drive, Suite 100

Lakewood, Ohio 44107

Vice President: _____

Address: _____

Secretary: James C. Hyland

Address: 1496 South Green Road

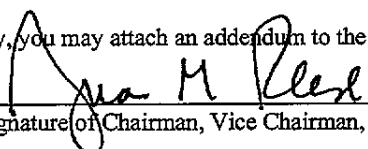
South Euclid, Ohio 44121

Treasurer: James C. Hyland

Address: 1496 South Green Road

South Euclid, Ohio 44121

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)

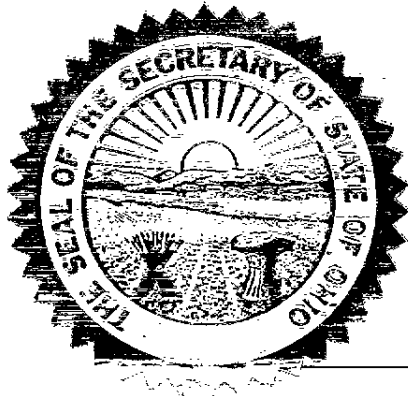
14. Brian M. Reese, President
(Typed or printed name and capacity of person signing application)

FILED
FEB 28 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

FILED
02 FEB 28 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show FINANCIAL HEALTHCARE ASSOCIATES, INC., an Ohio corporation, Charter No. 771068, having its principal location in Brunswick, County of Medina, was incorporated on April 17, 1990 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at

Columbus, Ohio on

January 30, 2002

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State