

F020 00001282

TO: Registration Section
Division of Corporations

SUBJECT: BAY AREA HEALTHCARE Consulting, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-03/08/02--01087--002
*****87.50 *****87.50

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:

DALE E. FITCH
(Name of Person)

BAY AREA HEALTHCARE Consulting, Inc. LR 3/13
(Firm/Company)

11432 CLAYMONT Circle
(Address)

WINDERMERE, FL 34786
(City/State and Zip code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

DALE E. FITCH at (407) 909-0382
(Name of Person) (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

**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. BAY Area Healthcare Consulting, 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. Delaware
(State or country under the law of which it is incorporated)
3. 75-3015782
(FEL number, if applicable)
4. 25 FEB 2002
(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. 1018 Blackwell Road, Annapolis, MD 21403
(Principal office address)
Corporation Trust Center, 1209 Orange St, Wilmington, DE 19801
(Current mailing address)
8. Provide 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: Dale Fitch
Office Address: 11432 Claymont Circle
WINDERMERE, Florida 34786
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: James Cesare

Address: 1018 Blackwell Road

Annapolis, MD 21403

Director: Dale Fitch

Address: 11432 Claymont Circle

Wanderlure, FL 34786

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B. OFFICERS

President: James Cesare

Address: 1018 Blackwell Road

Annapolis, MD 21403

Vice President: John Bartell

Address: 9995 West North Ave, Apt 363

WAOWATOSA, WI 53226

Secretary: Tim Eaton

Address: S-64 West 37838, Highway ZZ Eagle, WI 53119

Treasurer: Dale Fitch

Address: 11432 Claymont Circle, Wanderlure, FL 34786

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

13. Dale E. Fitch
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DALE E FITCH, TREASURER
(Typed or printed name and capacity of person signing application)

Delaware

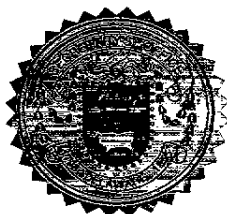
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY AREA HEALTHCARE CONSULTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1649069

DATE: 03-06-02