

FO2000004299

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH RECEIVABLES MANAGEMENT, 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 the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANCESCA MARRARO

(Name of Person)

3000007293813-4
-08/22/02--01083--001
*****78.75 *****78.75

HEALTH RECEIVABLES MANAGEMENT, INC.

(Firm/Company)

401 Park Avenue South

(Address)

New York, NY 10016

(City/State and Zip code)

For further information concerning this matter, please call:

FRANCESCA MARRARO
(Name of Person)

at () 212-685-4545
(Area Code & Daytime Telephone Number)

02 AUG 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

DB
8-23-02

**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. Health Receivables Management, 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. 04-2935780

(FEI number, if applicable)

4. 9/18/1986

(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. 820 West Jackson Blvd Suite 725

Chicago, IL 60607

(Current mailing address)

8. Debt Collection

(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: 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

Cathie Duel

(Registered agent's signature)

Cathie Duel

Assistant 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.

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

02 AUG 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: William Miller III

Address: 401 Park Avenue South
New York, NY 10016

Director: Robert Holster

Address: 401 Park Avenue South
New York, NY 10016

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

President: William Miller III

Address: 401 Park Avenue South
New York, NY 10016

Vice President: Robert Holster

Address: 401 Park Avenue South
New York, NY 10016

Secretary: Kathy Arendt

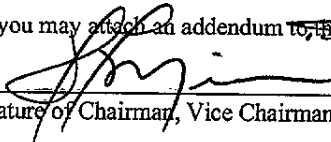
Address: 401 Park Avenue South
New York, NY 10016

Treasurer: N/A

Address: _____

APPROVED
AND
FILED
02 AUG 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. William Miller III
(Typed or printed name and capacity of person signing application)

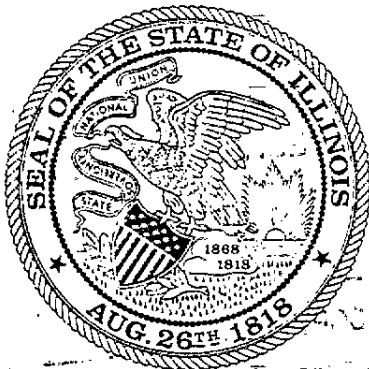
File Number 6065-019-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HEALTH RECEIVABLES MANAGEMENT, INC.,
INCORPORATED IN THE STATE OF DELAWARE AND LICENSED TO TRANSACT
BUSINESS IN THIS STATE ON AUGUST 24, 1999, APPEARS TO HAVE COMPLIED
WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS
STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF
FRANCHISE TAXES, AND IS AT THIS TIME A FOREIGN CORPORATION IN GOOD
STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF
ILLINOIS*****



*In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this* 27TH
day of JUNE *A.D.* 2002.

Jesse White

SECRETARY OF STATE