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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

Health Care Corporation of America
(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

Name
Availability

SPECIAL INSTRUCTIONS

Examiner *DCC*

Updater *DCC*

Verifier *DCC*

Acknowledgement *DCC*

W. P. Verifier *DCC*

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**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 Care Corporation of America International
(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. Tennessee 3. 62-1541690
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/19/1993 5. Perpetual
(Date of incorporation) (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. Washington Square, Suite 311, 222 Second Avenue North, Nashville, TN 37201
(Principal office address)
- Same as above
(Current mailing address)
- To engage in any lawful business, including provision of nursing staff to hospitals and recruitment of healthcare staff.
8. _____
(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: NRAI Services, Inc.
- Office Address: 526 E. Park Avenue
- Tallahassee, Florida 32301
(City) (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.

NRAI Services, Inc.

By: Charles A Coyle
(Registered agent's signature)
Charles A. Coyle - Asst. Secy.

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ronald C. Marston

Address: Washington Square Suite 311 222 Second Avenue North
Nashville, TN 37201

Director: Ted Feldman

Address: Washington Square Suite 311 222 Second Avenue North
Nashville, TN 37201

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Ronald C. Marston

Address: Washington Square Suite 311 222 Second Avenue North
Nashville, TN 37201

Vice President: _____

Address: _____

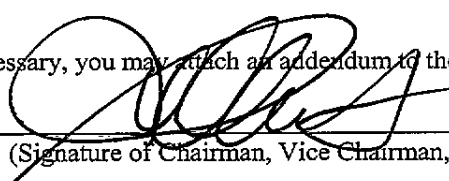
Secretary: Ted Feldman

Address: Washington Square Suite 311 222 Second Avenue North Nashville, TN 37201

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. Ronald C. Marston, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 08/21/2002
REQUEST NUMBER: 02233517
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/19/1993
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0269279
JURISDICTION: TENNESSEE

TO:
HARWELL HOWARD/RYAN D BROWN
315 DEADERICK ST
SUITE 1800
NASHVILLE, TN 37238

REQUESTED BY:
HARWELL HOWARD/RYAN D BROWN
315 DEADERICK ST
SUITE 1800
NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"HEALTH CARE CORPORATION OF AMERICA INTERNATIONAL"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/21/02

FROM:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK STREET
1800 1ST AMER CENTER
NASHVILLE, TN 37238-1800

RECEIVED:	FEES \$160.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$160.00
RECEIPT NUMBER:		00003133393
ACCOUNT NUMBER:		00000511



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE