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(Requestor's Name)

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(City/State/Zip/Phone #)

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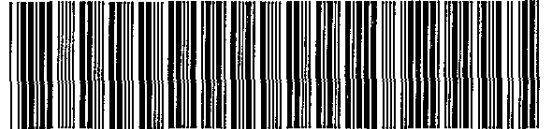
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12/31



ACCOUNT NO. : 072100000032

REFERENCE : 874698 153598A

AUTHORIZATION

COST LIMIT : \$ 87.50

Patricia Pigute

ORDER DATE : December 30, 2002

ORDER TIME : 11:29 AM

ORDER NO. : 874698-005

CUSTOMER NO: 153598A

CUSTOMER: Ms. Linda Lee
Broad And Cassel
Suite 3500
100 North Tampa Street
Tampa, FL 33602

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FOREIGN FILINGS

NAME: CARE LEVEL MANAGEMENT GROUP,
INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: _____

**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. Care Level Management Medical Group, 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. California 3. 77056 7085
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-2-2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2/1/03 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. 23475 Park Sorrento, Ste 365
(Principal office address)
Calabasas, CA 91302
(Current mailing address)
8. provide physician 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: Henri Becker, MD
Office Address: 3550 Buschwood Park Drive Suite 133
Tampa, Florida 33618-4461
(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.

Henri Becker MD
(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.

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

A. DIRECTORS

Chairman: Henri Becker MD

Address: 23975 Park Sorrento Ste 365
Calabasas CA 91302

Vice Chairman: Raouf Khalil

Address: 23975 Park Sorrento Ste 365
Calabasas CA 91302

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Henri Becker, MD

Address: 23975 Park Sorrento, Ste 365
Calabasas, CA 91302

Vice President: _____

Address: _____

Secretary: Raouf Khalil

Address: 23975 Park Sorrento Ste 365 Calabasas CA 91302

Treasurer: Henri Becker, MD

Address: see above

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

13. Henri Becker MD
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Henri Becker, M.D.
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **2ND** day of **MARCH, 2001**, **CARE LEVEL MANAGEMENT MEDICAL GROUP, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

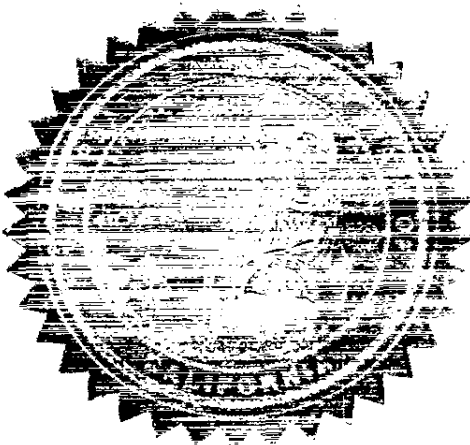
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

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IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of **December 19, 2002.**



Bill Jones
BILL JONES
Secretary of State