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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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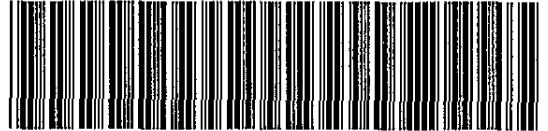
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -2 AM 9:24

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMSMNGT, 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:

David S. Freeman
(Name of Person)
Commodore Medical Services
(Firm/Company)
1941 Cement Plant Road
(Address)
Nashville TN 37208
(City/State and Zip code)

For further information concerning this matter, please call:

David S. Freeman at (615) 297-2104
(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

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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. CMSMNGT, 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. Tennessee
(State or country under the law of which it is incorporated)
3. 62-1789283
(FBI number, if applicable)
4. 8-16-99
(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.")
(SFL: SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1941 Cement Plant Road, Nashville, Tennessee 37208
(Principal office address)
1941 Cement Plant Road, Nashville, Tennessee 37208
(Current mailing address)

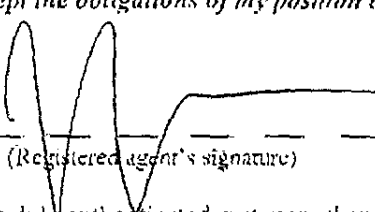
8. to conduct all lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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
(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.


(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: David S. Freeman
Address: 1941 Cement Plant Road
Nashville TN 37208

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

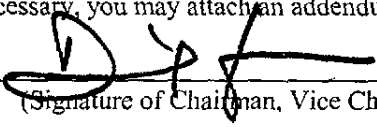
President: David S. Freeman
Address: 1941 Cement Plant Road
Nashville TN 37208

Vice President: _____
Address: _____

Secretary: Amy Robinson
Address: 1941 Cement Plant Road Nashville TN 37208

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. DAVID S. FREEMAN, President
(Typed or printed name and capacity of person signing application)

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**Secretary of State
Division of Business Services**

**312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243**

ISSUANCE DATE: 06/25/2003
REQUEST NUMBER: 03176608
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/16/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0375550
JURISDICTION: TENNESSEE

TO:
LORI MCPHERSON
424 CHURCH ST
STE 2000
NASHVILLE, TN 37219

REQUESTED BY:
LORI MCPHERSON
424 CHURCH ST
STE 2000
NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CMSMNGT, INC."

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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FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/25/03

FROM:
SHERRARD & ROE (424 CHURCH ST.)
424 CHURCH STREET
SUITE 2000
NASHVILLE, TN 37219-0000

	FEES	
RECEIVED:	\$120.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$120.00

RECEIPT NUMBER: 00003320968
ACCOUNT NUMBER: 00092398



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE