

F03000004128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

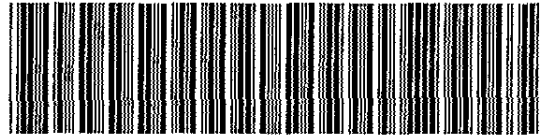
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
03 AUG 18 PM 4:49  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

FILED  
03 AUG 18 AM 9:24  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA





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FILED  
03  
942836  
August 18, 2003  
10 AM  
STATE OF FLORIDA

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Trans Health Management, Inc.

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☒ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | Non Profit        |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Amendment                          |
| <input type="checkbox"/> | Resignation of RA Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent         |
| <input type="checkbox"/> | Dissolution/Withdrawal             |
| <input type="checkbox"/> | Merger                             |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Reports   |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | Reinstatement    |

| REGISTRATION/QUALIFICATION          |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Foreign           |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Reinstatement     |
| <input type="checkbox"/>            | Trademark         |
| <input type="checkbox"/>            | Other             |



**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.

03 AUG 18 AM 9:24  
FILED  
TALLAHASSEE, FLORIDA

1. Trans Health 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 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 11, 2002 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. 4860 Trindle Road, Suite 103, Camp Hill, PA 17011  
(Principal office address)

\_\_\_\_\_  
(Current mailing address)

8. To provide management support services to health care facilities, and all lawful acts or activities.  
(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: Michael Donnan

(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: Anthony Misitano

Address: 4660 Trindle Road, Suite 103

Camp Hill, PA 17011

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Lisa MacLean

Address: 4660 Trindle Road, Suite 103

Camp Hill, PA 17011

Director: Jeffrey A. Barnhill

Address: 4660 Trindle Road, Suite 103

Camp Hill, PA 17011

B. OFFICERS

President: Anthony F. Misitano

Address: 4660 Trindle Road, Suite 103

Camp Hill, PA 17011

Vice President: Lisa MacLean, Jeffrey A. Barnhill

Address: 4660 Trindle Road, Suite 103

Camp Hill, PA 17011

Secretary: Lisa MacLean

Address: 4660 Trindle Road, Suite 103 Camp Hill, PA 17011

Treasurer: Jeffrey A. Barnhill

Address: 4660 Trindle Road, Suite 103, Camp Hill, PA 17011

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. Jeffrey A. Barnhill, Vice President

(Typed or printed name and capacity of person signing application)

FILED  
AUG 18  
MA 8 24  
TALLAHASSEE, FLORIDA



# Delaware

PAGE 1

*The First State*

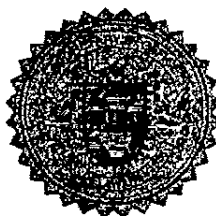
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANS HEALTH MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANS HEALTH MANAGEMENT, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
AUG 18 2003  
DELAWARE SECRETARY OF STATE



3513244 8300

030524770

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 2577663

DATE: 08-12-03