

F03000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

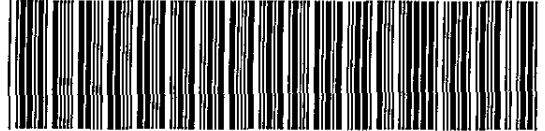
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TREASURER, FLORIDA

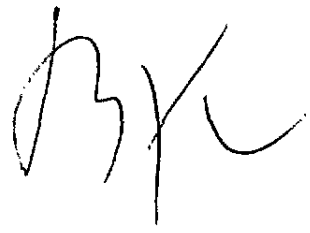
03 SEP 23 AM 8:34

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DIVISION OF CORPORATIONS

03 SEP 23 PM 2:42

RECEIVED





CORPORATION SERVICE COMPANY™

03 SEP 23 AM 8:34
FILED
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 243834 4305966
AUTHORIZATION : *Patricia Pignato*
COST LIMIT : \$ 70.00

ORDER DATE : September 16, 2003
ORDER TIME : 2:20 PM
ORDER NO. : 243834-005
CUSTOMER NO: 4305966
CUSTOMER: Ms. Jan Ezell
Alston & Bird, L.l.p.
One Atlantic Center
1201 West Peachtree St.
Atlanta, GA 30309

FOREIGN FILINGS

** File FIRST **

NAME: COMMUNITY CARE HEALTH NETWORK, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 23, 2003

TROY TODD
CSC
TALLAHASSEE, FL

SUBJECT: COMMUNITY CARE HEALTH NETWORK, INC.
Ref. Number: W03000027284

03 SEP 23 AM 8:34
TALLAHASSEE, FLORIDA
RESUBMIT
Please give original
submission date as file date.

We have received your document for COMMUNITY CARE HEALTH NETWORK, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please note that we have RETAINED the Fictitious Name Registration sent with this filing, and that the Registration will be filed when this application is returned.

Please have the Registered Agent sign in Item 10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 003A00052448

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 SEP 23 AM 8:34
FILED
TALLAHASSEE, FLORIDA

1. Community Care Health Network, 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. 06-1599981
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/23/1999 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. 45 Main Street, Suite 408, Brooklyn, New York 11201
(Principal office address)
45 Main Street, Suite 408, Brooklyn, New York 11201
(Current mailing address)

8. administrative support services to physicians practicing in the long term care setting
(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: Corporation Service Company
Office Address: 1201 Hays Street
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.

By: Deborah D. Skipper Deborah D. Skipper
(Registered agent's signature) Asst. V. Pres.

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: See attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Michael Quilty
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Quilty, President
(Typed or printed name and capacity of person signing application)

03 SEP 23 AM 8:34
TALLAHASSEE, FLORIDA
FILED

**ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
FOR
COMMUNITY CARE HEALTH NETWORK, INC.**

FILED
03 SEP 23 AM 8 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Michael Quilty
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Robert Kayyem
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Patrick Kelly
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Marc Mazur
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

L. Peter Smith
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Walter Weisman
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Gerald Wigdortz
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

B. OFFICERS

President Michael Quilty
 c/o Community Care Health Network, Inc.
 45 Main Street, Suite 408
 Brooklyn, New York 11201

Secretary Michael Quilty
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

Treasurer Jeff Stein
c/o Community Care Health Network, Inc.
45 Main Street, Suite 408
Brooklyn, New York 11201

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TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY CARE HEALTH NETWORK 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2003.

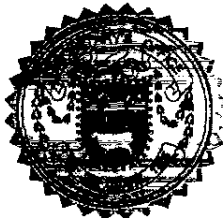
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SEP 23 AM 8:34
DELAWARE

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMUNITY CARE HEALTH NETWORK, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2000.

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2640186

3312823 8300

030600379

DATE: 09-17-03