

# F03000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

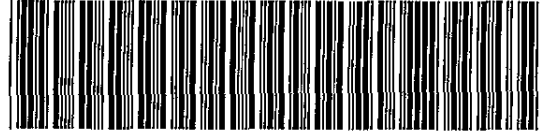
(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION

03 SEP 23 PM 2:42

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*Handwritten signature*



CORPORATION SERVICE COMPANY™

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 243834 4305966  
AUTHORIZATION : Patricia Pigato  
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

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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)

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FLORIDA

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

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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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CLERK  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

## *The First State*

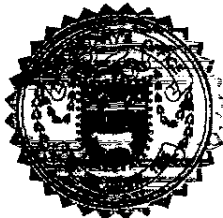
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY CARE HEALTH NETWORK INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH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

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

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DATE: 09-17-03