

F 04000000099

(Requestor's Name)

(Address)

(Address)

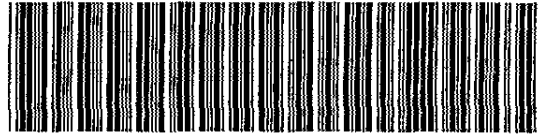
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900025851249

12/31/03--01006--020 **70.00

Special Instructions to Filing Officer:

Name
Availability

Document

Document

Office Use Only

Under

Contract
verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC

FILED
SECRETARY OF STATE
03 DEC 30 PM 12: 14

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pathways Medical Advocates S.C.
(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:

Dr. John H. Hicks

(Name of Person)

Pathways Medical Advocates, S.C.

(Firm/Company)

5411 Hwy 50

(Address)

Delavan, WI 53115

(City/State and Zip code)

For further information concerning this matter, please call:

Dr. Hicks

(Name of Person)

at (262) 740-3000

(Area Code & Daytime Telephone Number)

03 DEC 30 PM 12:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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. Pathways Medical Advocates, SC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-4470989
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/01/01 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 01, 2003
(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. 5411 Hwy 50, Delavan, WI 53115
(Principal office address)

5411 Hwy 50, Delavan, WI 53115
(Current mailing address)

8. Medical Practice
(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: Dr. John H. Hicks

Office Address: 6000 A Sawgrass Village Circle

Ponte Vedra Beach, Florida 32082
(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.

Dr. John H. Hicks
(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:

FILED
SECRETARY OF STATE
03 DEC 30 PM 12:14

A. DIRECTORS

Chairman: Dr. John H. Hicks
Address: 5411 Hwy 50
Delavan, WI 53115

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Dr. John H. Hicks
Address: 5411 Hwy 50
Delavan, WI 53115

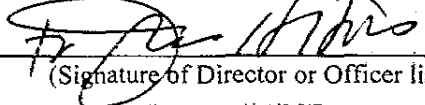
Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
03 DEC 30 PM 12:14

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Dr. John H. Hicks, President
(Typed or printed name and capacity of person signing application)

File Number

6176-815-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PATHWAYS MEDICAL ADVOCATES, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

FILED
 SECRETARY OF STATE
 JESSE WHITE
 DECEMBER 14
 PM 12:14

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH
day of DECEMBER A.D. 2003



Jesse White

SECRETARY OF STATE