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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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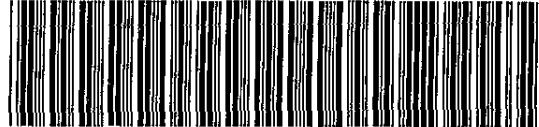
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICM Healthcare, 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:

Brian T. Gillon

(Name of Person)

ICM Healthcare, Inc.

(Firm/Company)

950 S. Pine Island Road, Suite A-150

(Address)

Plantation, FL 33324

(City/State and Zip code)

For further information concerning this matter, please call:

Brian T. Gillon

(Name of Person)

at (954) 727-8435

(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

W04-3486

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 27, 2004

BRIAN T. GILLON
ICM HEALTHCARE, INC.
950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

SUBJECT: ICM HEALTHCARE, INC.
Ref. Number: W04000003486

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We have received your document for ICM HEALTHCARE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 704A00005496

ICM Healthcare, Inc.

Inpatient Care Management

BRIAN T. GILLON
Executive Vice President

February 18, 2004

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

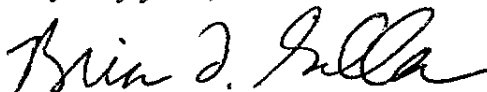
Re: ICM Healthcare, Inc. - Ref #W04000003486

Ladies and Gentlemen:

In follow-up to the previously submitted Application by Foreign Corporation to Transact Business in Florida for ICM Healthcare, Inc. and correspondence from your offices dated January 27, 2004 (copy enclosed), enclosed please find a Certificate of Existence for ICM Healthcare, Inc. dated February 10, 2004.

Upon your receipt of the enclosed Certificate of Existence, it is our understanding that ICM healthcare, Inc.'s application to transact business in Florida will be complete. If this understanding is not correct and if you need any addition information, please contact the undersigned at (954) 727-8435. Thank you.

Very truly yours,



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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. **ICM healthcare, Inc.**

(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. **Delaware**

(State or country under the law of which it is incorporated)

3. **83-0375986**

(FEI number, if applicable)

4. **November 12, 2003**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **January 2, 2004**

(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. **950 S. Pine Island Road, Suite A-150, Plantation, FL 33324**

(Principal office address)

950 S. Pine Island Road, Suite A-150, Plantation, FL 33324

(Current mailing address)

8. **To engage in any lawful act or activity for which corporations may be organized**

(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: **Brian T. Gillon**

Office Address: **950 S. Pine Island Road**

Plantation

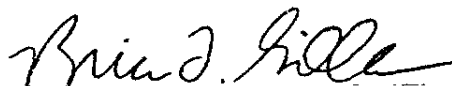
(City)

, Florida **33324**

(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.

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

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A. DIRECTORS

Chairman: _____

Address: _____

Director

~~Vice Chairman:~~ **Kristen Bratberg**

Address: **950 S. Pine Island Road, Suite A-150**

Plantation, Florida 33324

Director: **Brian T. Gillon**

Address: **950 S. Pine Island Road, Suite A-150**

Plantation, Florida 33324

Director: **David P. Hunter**

Address: **950 S. Pine Island Road, Suite A-150**

Plantation, Florida 33324

B. OFFICERS

President: **Kristen Bratberg**

Address: **950 S. Pine Island Road, Suite A-150**

Plantation, Florida 33324

Vice President: **Brian T. Gillon**

Address: **950 S. Pine Island Road, Suite A-150**

Plantation, Florida 33324

Secretary: **Brian T. Gillon**

Address: **950 S. Pine Island Road, Suite A-150, Plantation, FL 33324**

Treasurer: **Brian T. Gillon**

Address: **950 S. Pine Island Road, Suite A-150, Plantation, FL 33324**

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

13. *Brian T. Gillon*
(Signature of Director or Officer listed in number 12 of the application)

14. **Brian T. Gillon, EVP, Secretary, Treasurer and Director**
(Typed or printed name and capacity of person signing application)

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Delaware

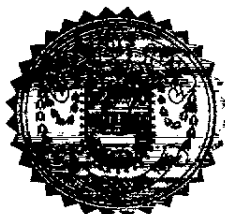
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICM HEALTHCARE, 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 TENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2921389

DATE: 02-10-04