

F04 000001557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

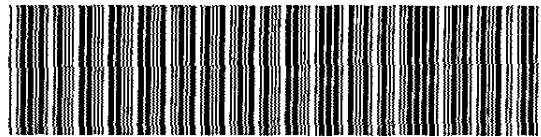
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 22 PM 2:20
DEPT. OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 22 PM 5:54

FILED

CT CORPORATION

March 22, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 MAR 22 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6060540 SO
Customer Reference 1: 23323
Customer Reference 2: 00001

Dear Secretary of State, Florida:

Please file the attached:

Patient Financial Services, Inc. (NC)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

FILED
03 MAR 28 PM 5:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Patient Financial Services, 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. North Carolina
(State or country under the law of which it is incorporated)
3. 56-2245815
(FEI number, if applicable)
4. 03-27-01
(Date of incorporation)
5. perpetual
(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. 333 Fayetteville Street Mall, Suite 650, Raleigh, NC 27601
(Principal office address)

Same
(Current mailing address)
8. Patient billing services.
(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: CT Corporation System

Office
Address: 1200 S. Pine Island Rd.

Plantation, Florida 33324
(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 designed 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)
Allan Farnell, Assistant Vice
President

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: Harry W. Scott, Jr. (sole director)

Address: 8 Wexford Club Drive
Hilton Head, SC 29928

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Harry W. Scott, Jr.

Address: 8 Wexford Club Drive
Hilton Head, SC 29928

Vice President: N/A

Address: _____

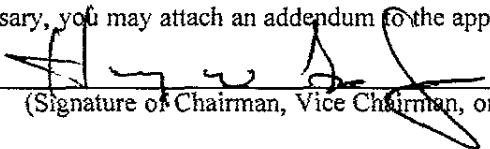
Secretary: Harry W. Scott

Address: 3109 Braddock Drive, Raleigh, NC 27612

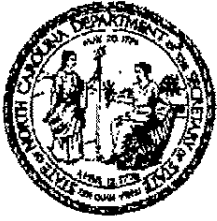
Treasurer: Harry W. Scott

Address: 3109 Braddock Drive, Raleigh, NC 27612

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. Harry W. Scott, Jr., President
(Typed or printed name and capacity of person signing application)



State of North Carolina

Department of The Secretary of State

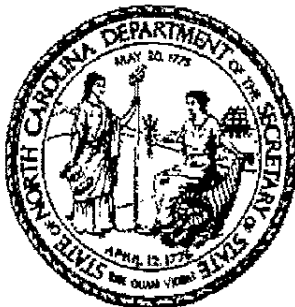
CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

PATIENT FINANCIAL SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of March, 2001, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of March, 2004.

Elaine F. Marshall

Secretary of State