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NO. 017

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Resubmit

FOREIGN PROFIT QUALIFICATION

PATIENT CARE FLORIDA, INC.

Certificate of Status	1
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W04-24514

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 25, 2004

CORPORATION SERVICE COMPANY

SUBJECT: PATIENT CARE FLORIDA, INC.
REF: W04000024514

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 445-6043.

Joey Bryan
Document Specialist

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CORPORATION SVC CO

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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. Patient Care Florida, Inc.

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

Patient Care Florida (DE), Inc.

(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. applied for

(FBI number, if applicable)

4. March 1, 2004

(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 917.133, F.S.)

7. 6621 Southpoint Drive North, Suite 315, Jacksonville, FL 32216

(Principal office address)

Two Newton Executive Park, Suite 301, 2227 Washington Street, Newton, MA 02458

(Current mailing address)

8. Health Care 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: Corporation Service Company

Office Address: 1201 Days Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

Dolores Burke - Asst. V.P.

(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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CORPORATION SVC CO

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A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

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. _____

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

14. Allison K. Gilligan, Vice President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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CORPORATION SVC CO

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Rider

Officers and Directors

Officers:

President Arthur W. Stratton, Jr.
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

Secretary/
Vice President Alison K. Gilligan
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

Treasurer Ira Bergstein
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

Directors:

Arthur W. Stratton, Jr.
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

Alison K. Gilligan
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

Ira Bergstein
Business Address: Patient Care, Inc.
Two Newton Executive Park, Suite 301
2227 Washington Street
Newton, MA 02458

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Delaware

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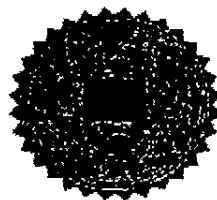
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENT CARE FLORIDA, 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 TWENTY-SECOND DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATIENT CARE FLORIDA, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2004.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3187177

DATE: 06-22-04

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