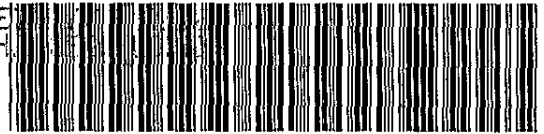


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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 OCT -7 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Accelerated Care of Michigan PC
(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:

William Berner
(Name of Person)

Accelerated Care of Michigan PC
(Firm/Company)

1003 Woodside Avenue
(Address)

Essexville MI 48732
(City/State and Zip code)

For further information concerning this matter, please call:

William Berner at (989) 892-7722
(Name of Person) (Area Code & Day time 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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 29, 2004

FILED
2004 OCT -7 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAM BERNER
1003 WOODSIDE AVE.
ESSEXVILLE, MI 48732

SUBJECT: ACCELERATED CARE OF MICHIGAN PC
Ref. Number: W04000036006

We have received your document for ACCELERATED CARE OF MICHIGAN PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 404A00056910

FILED

TRANSMITTAL LETTER

2004 OCT -7 P 12:01

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Accelerated Care of Michigan PC
(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:

William Berner
(Name of Person)

Accelerated Care of Michigan PC
(Firm/Company)

1003 Woodside Avenue
(Address)

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

2004 OCT -7 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Accelerated Care of Michigan PC

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. Michigan

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

3. 30-0008061

(FEI number, if applicable)

4. 01-16-2002

(Date of incorporation)

5. perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1003 Woodside Avenue

(Principal office address)

1003 Woodside Avenue

(Current mailing address)

8. medical care

(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 NOT acceptable)

Name: James Croley

Office Address: 613 Del Prado Blvd

Cape Coral

(City)

Florida 33990

(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:

A. DIRECTORS

Chairman Ron Nelson
Address: 204 E. Main St
Fremont MI 49412

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ron Nelson
Address: 204 E. Main St
Fremont MI 49412

Vice President: _____

Address: _____

Secretary: William E. Berner
Address: 1003 Woodside Avenue

Treasurer: _____

Address: _____

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

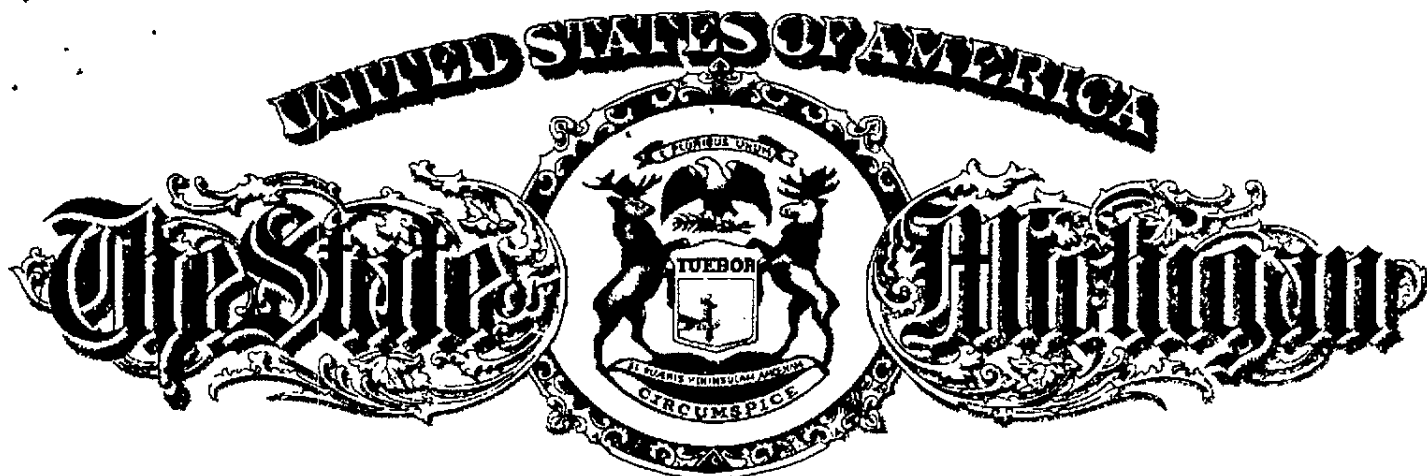
13. William E. Berner
(Signature of Director or Officer listed in number 12 of the application)

14. William E. Berner
(Typed or printed name and capacity of person signing application)

FILED

2004 OCT -7 P 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

ACCELERATED CARE OF MICHIGAN, P.C.

was validly incorporated on December 20, 2001, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of September, 2004.

Andrew S. Mett, Director

Bureau of Commercial Services