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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

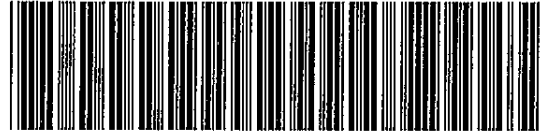
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 278641 118314A
AUTHORIZATION : Patricia Pzyts
COST LIMIT : \$ 87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ORDER DATE : March 25, 2005
ORDER TIME : 1:36 PM
ORDER NO. : 278641-005
CUSTOMER NO: 118314A
CUSTOMER: Elaine Bosnyak
Kelson Physician Partners,
10th Floor
90 State House Square
Hartford, CT 06103

FOREIGN FILINGS

NAME: KELSON PHYSICIAN PARTNERS OF
SAWGRASS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
MAR 28 PM 5:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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. Kelson Physician Partners of Sawgrass, 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. _____

(FEI number, if applicable)

4. March 15, 2005

(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. 4620 N. State Road 7, Building H, Suite 316, Lauderdale Lakes, FL 33319

(Principal office address)

c/o Kelson Physician Partners Inc., 90 State House Sq. 10th Fl, Hartford, CT 06103

(Current mailing address)

8. Physician Practice Management Company

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: _____

(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: James C. Wonnacott

Address: Kelson Physician Partners, Inc., 90 State House Square, 10th Fl, Hartford, CT 06103

Vice Chairman: _____

Address: _____

Director: James C. Wonnacott

Address: Kelson Physician Partners, Inc., 90 State House Square, 10th Fl, Hartford, CT 06103

Director: _____

Address: _____

B. OFFICERS

President: and Chief Executive Officer - James C. Wonnacott

Address: Kelson Physician Partners, Inc., 90 State House Square, 10th Fl, Hartford, CT 06103

Vice President: of Finance - Jeff Wands

Address: Kelson Physician Partners, Inc., 90 State House Square, 10th Fl, Hartford, CT 06103

Secretary: Jeff Wands

Address: Kelson Physician Partners, Inc., 90 State House Square, 10th Fl, Hartford, CT 06103

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. James C. Wonnacott, Chief Executive Officer

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

Delaware

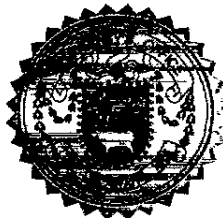
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELSON PHYSICIAN PARTNERS OF SAWGRASS, 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-FIFTH DAY OF MARCH, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELSON PHYSICIAN PARTNERS OF SAWGRASS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2005.



3940390 8300

050245894

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3768177

DATE: 03-25-05