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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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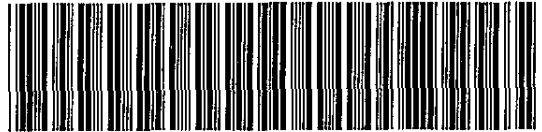
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPECIALIZED RECEIVABLES, 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:

SAMUEL ROTONDI, CEO  
(Name of Person)  
SPECIALIZED RECEIVABLES, INC.  
(Firm/Company)  
7 ANDERSON ROAD  
(Address)  
WAKEFIELD, MA 01890  
(City/State and Zip code)

For further information concerning this matter, please call:

SAM ROTONDI at (781) 224-4515  
(Name of Person) (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

**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. SPECIALIZED RECEIVABLES, 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. MASSACHUSETTS 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 30, 1986 5. PERPETUAL  
(Date of incorporation) (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. 7 AUDUBON ROAD, WAKEFIELD, MA 01880  
(Principal office address)  
SAME  
(Current mailing address)

8. HOSPITAL & PHYSICIAN BILLING  
(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)

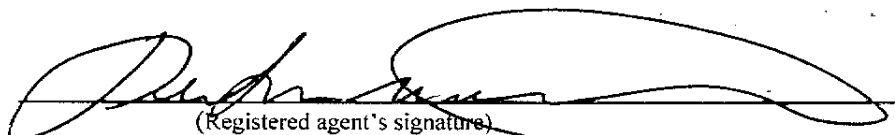
Name: ROBERT MILLER

Office Address: 6277 KAMPUR CT

BOYNTON BEACH, Florida 33437  
(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.*

  
(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:

05 JUN -1 AM 1986

**A. DIRECTORS**

Chairman: SAMUEL ROTONDI

Address: 148 COMMONWEALTH AVE. #401  
BOSTON, MA 02114

Vice Chairman: LOUIS A. MOLETTIERE

Address: 29 NORTHSTONE ROAD, #4  
SWAMPSCOTT, MA 01907

Director: TED MEERER

Address: 8 WHALE COVE RD  
ROCKPORT, MA 01966

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: LOUIS A. MOLETTIERE

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

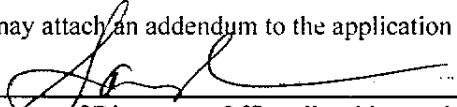
Secretary: SAMUEL ROTONDI

Address: \_\_\_\_\_

Treasurer: SAMUEL ROTONDI

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. SAMUEL ROTONDI, CEO  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

May 18, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that

**SAMUEL ROTONDI, ESQUIRE, P.C.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **July 16, 1986**.

I also certify that by Articles of Amendment filed here **January 9, 2003**, the name of said corporation was changed to

**SPECIALIZED RECEIVABLES, INC.**

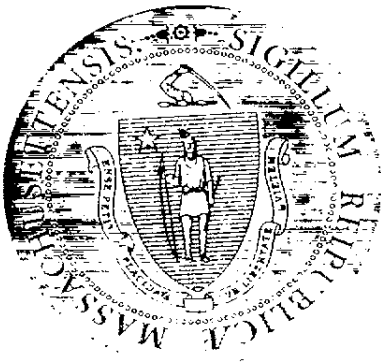
I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



*William Francis Galvin*  
Secretary of the Commonwealth