(Re	equestor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP		☐ MAIL
_		
(Bu	siness Entity Na	me)
(Do	cument Number)
entified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		.28
Tel. ET		, X
•	ر. در	*X
;·	X	<u> </u>
	Office Use Or	nly /
		1/.



000062917930

01/06/06 --01038---017 **87.50

TILED

OF JAN 24 AH 9: 12

COVER LETTER

TO: 'New Divi		ection orporations		
		lealth Quality Instit	ute tion – must include suffix)	
		(Name of Corpora	tion – must include surfix)	
Dear Sir or N	Madam:			
Affairs in Fl	orida", "Ce	tion by Foreign Not for Prof ertificate of Existence", and on to conduct its affairs in Fl	check are submitted to regis	
Please return	all corres	pondence concerning this ma	atter to the following:	
Richar	d Woel			
		(Name	of Person)	
	TMF	Health Quality Inst	itute	
			Company)	······································
	Brido	jepoint I, Suite 300		
	5918	West Courtyard D		
 		(Ad	dress)	
	Austi	n, TX 78730		
 .		(City/State	and Zip Code)	
For further i	nformatior	concerning this matter, plea	ase call:	
Richard	Woehi	at	, 512 ₎ 334-1713	i
	(Name	of Person)	512 334-1713 (Area Code & Daytime To	elephone Number)
New Divi P.O.	ILING All v Filing Serision of Co . Box 6327 ahassee, Fi	ction rporations	New Filing S Division of C Clifton Build	Corporations ling ve Center Circle
Enclosed is	a check for	the following amount:		
\$70.00 Fi	ling 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 Division of Corporations

January 10, 2006

TMF HEALTH QUALITY INSTITUTE, INCORPORATED 5918 WEST COURTYARD DRIVE SUITE 300, BRIDGEPOINT I AUSTIN, TX 78730

SUBJECT: TMF HEALTH QUALITY INSTITUTE, INCORPORATED

Ref. Number: W06000001185

We have received your document for TMF HEALTH QUALITY INSTITUTE, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6934.

Loria Poole Document Specialist

Letter Number: 706A00001818

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCTITS AFFAIRS IN THE STATE OF FLORIDA:
TMF Health Quality Institute, Incorporated
Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations offlike 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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
Texas (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
12/27/1971 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. n/a Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
Bridgepoint I, Suite 300, 5918 West Courtyard Drive, Austin, TX 78730
(Principal office address)
Bridgepoint I, Suite 300, 5918 West Courtyard Drive, Austin, TX 78730
(Current mailing address)
8. Medical Review and Evaluation Services (Furpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporate Creations Network, Inc.
Office Address: 11380 Prosperity Farms Road, #221E
Palm Beach Gardens , Florida 33410
(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.
Shapen Samuel, VP of Corporate Creations Network, Inc. (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 addresses of officers and/or directors:

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



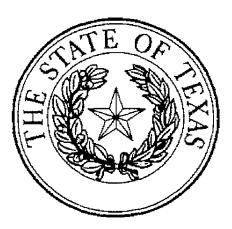
Roger Williams Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for TMF Health Quality Institute (filing number: 30018101), a Domestic Nonprofit Corporation, was filed in this office on December 27, 1971.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 18, 2006.



Roger Williams

Roger Williams
Secretary of State