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TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

MAGNAHealth, Inc. d/b/a MAGNAHealth, Inc. of Delawar

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. MAGNAHealth, Inc.**

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

**MAGNAHealth, Inc. of Delaware**

(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. 20-3824271**

(FEI number, if applicable)

**4. 11/21/2005**

(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. MAGNA Centre, 26600 Ace Avenue, Suite 1001, Leesburg, FL 34748**

(Principal office address)

**P.O. Box 3228, Palm Beach, FL 33480**

(Current mailing address)

**8. Real Estate**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

(City)

Florida **33324**

(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: George E. Mueller, Jr.  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001  
Leesburg, FL 34748

Vice Chairman: David V. Hall  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001  
Leesburg, FL 34748

Director: James G. Few  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001  
Leesburg, FL 34748

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

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B. OFFICERS

President: George E. Mueller, Jr.  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001  
Leesburg, FL 34748

Vice President: David V. Hall  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001  
Leesburg, FL 34748

Secretary: David V. Hall  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001, Leesburg, FL 34748

Treasurer: James G. Few  
 Address: MAGNA Centre, 26600 Ace Avenue, Suite 1001, Leesburg, FL 34748

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. George E. Mueller, Jr., President  
 (Typed or printed name and capacity of person signing application)

# Delaware

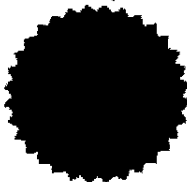
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGNAHEALTH, 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-EIGHTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4864343

060622545

DATE: 06-28-06