

FO60000004753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 21 PM 3:59

Withdrawal  
CUS  
@ 12/21/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disability and Case Management Services Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lee

(Name of Person)

Health Recovery Corporation

(Firm/Company)

8950 Cal Center Dr. Suite 135

(Address)

Sacramento CA 95826

(City/State and Zip code)

For further information concerning this matter, please call:

David Lee

(Name of Person)

at ( 916 ) 290 - 7030

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2007

DAVID LEE  
HEALTH RECOVERY CORPORATION  
8950 CAL CENTER DR., SUITE 135  
SACRAMENTO, CA 95826

*Certificate of Existence  
Nevada '06*

SUBJECT: DISABILITY AND CASE MANAGEMENT SERVICES CORPORATION  
Ref. Number: F06000004753

We have received your document for DISABILITY AND CASE MANAGEMENT SERVICES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Based on the initial filing of this corporate application for authorization to transact business in Florida our records reflect the name DISABILITY AND CASE MANAGEMENT SERVICES CORPORATION please see the enclosed initial documents submitted to this office.

Please return your document, along with 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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 607A00067239

*(870) Phay  
245-  
6913*

RECEIVED

DEC 21 AM 8:00  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

*Diane  
Correct  
State of Incorporation*

*Phay  
Diane  
(850)  
245-6804 Fax*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2007

DAVID LEE  
HEALTH RECOVERY CORPORATION  
8950 CAL CENTER DR., SUITE 135  
SACRAMENTO, CA 95826

SUBJECT: DISABILITY AND CASE MANAGEMENT SERVICES  
CORPORATION  
Ref. Number: F06000004753

We have received your document for DISABILITY AND CASE MANAGEMENT SERVICES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The state of incorporation is incorrect our records show California.

Please return your document, along with 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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 107A00048028

RECEIVED  
NOV 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Disability & Case Management Services Corporation  
\_\_\_\_\_  
(Name of Corporation)

FO6000004753  
\_\_\_\_\_  
(Document Number of Corporation (if known))

Nevada  
\_\_\_\_\_  
(Incorporated Under Laws of)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 21 PM 3:59

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

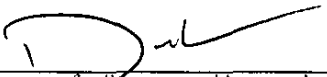
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

8950 Cal Center Drive Suite 135  
\_\_\_\_\_  
(Mailing Address)

Sacramento CA 95826  
\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1/21/07  
\_\_\_\_\_  
(Date)

David Lee  
\_\_\_\_\_  
(Typed or printed name of person signing)

CFO / Controller  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

2360366



SECRETARY OF STATE

CERTIFICATE OF QUALIFICATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 2nd day of October, 2001, **DISABILITY & CASE MANAGEMENT SERVICES**, a corporation organized and existing under the laws of Nevada, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California; subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 2, 2001.



*Bill Jones*  
 BILL JONES  
 Secretary of State

wmm

FILED # 024314.01

SEP 05 2001

IN THE OFFICE OF  
DEAN KELLEN COMPTON OF COST

ARTICLES OF INCORPORATION  
OF  
Disability & Case Management Services

Know all men by these presents;

That we the undersigned, have this day voluntarily associated ourselves together for the purpose of forming a corporation under and pursuant to the provisions of Nevada Revised Statutes 78.010 to Nevada Revised Statutes 78.090 inclusive, as amended, and certify that:

ARTICLE I

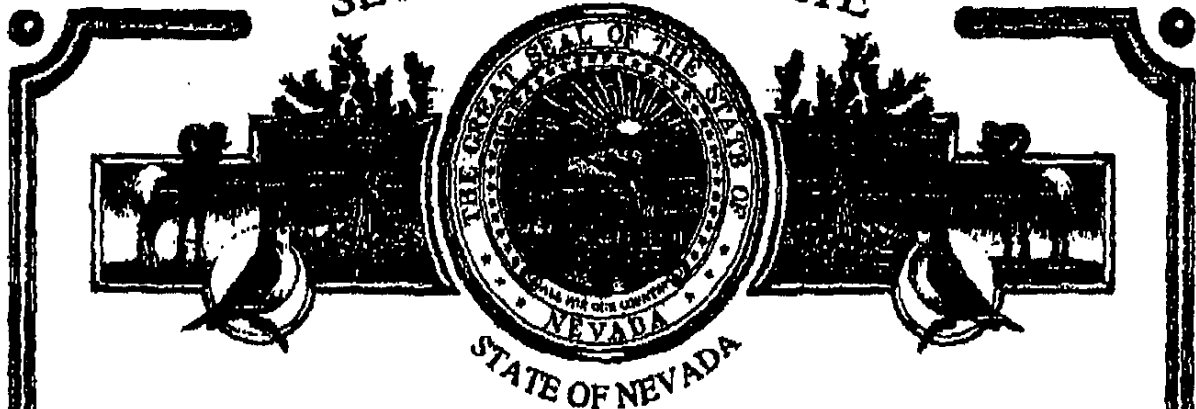
The name of this corporation is Disability & Case Management Services.

The name and post office address of the incorporator signing the articles of incorporation is: Richard D. Fritzler, 1800 E. Sahara Avenue, Suite 107, Las Vegas, Nevada 89104. The name and address of the initial member of the first board of directors is: Richard D. Fritzler 1800 E. Sahara Avenue, Suite 107, Las Vegas, Nevada 89104.

ARTICLE II

The resident agent of this corporation in Nevada shall be Nevada Corporate Services located at 1800 E. Sahara Avenue, Suite 107, Las Vegas, Clark County, Nevada, 89104. Offices for the transaction of any business of the corporation, and where meetings of the board of directors and of stockholders may be held, may be established and maintained in any other part of the state of Nevada, or in any other state, territory or possession of the United States of America, or in any foreign country as the board of directors may, from time to time determine.

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DISABILITY & CASE MANAGEMENT SERVICES**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 5, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on October 4, 2001.



*Dean Heller*

Secretary of State

By

*[Signature]*

Certification Clerk