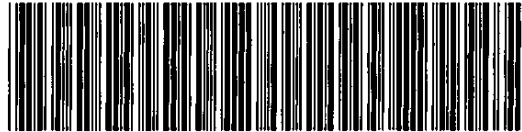


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☐ PICI

☐ WAIT

☐ MAIL

Debtor's Name)

Address)

Address)

City/State/Zip/Phone #)

Business Entity Name)

Document Number)

Certified Copies

Certificates of Status

Special Instructions

By Filing Officer:

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA 7-18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Prime Health Services, 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:

Brian A. Sharp or Steven W. Rawlins

(Name of Person)

Prime Health Services, Inc.

(Firm/Company)

7110 Crossroads Blvd. Suite 100

(Address)

Brentwood, TN 37027

(City/State and Zip code)

For further information concerning this matter, please call:

Brian Sharp at (615) 565-9043

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2007

BRIAN A. SHARP / PRIME HEALTH SERVICES, INC.
7110 CROSSROADS BLVD., STE. 100
BRENTWOOD, TN 37027

SUBJECT: PRIME HEALTH SERVICES, INC.
Ref. Number: W07000032972

We have received your document for PRIME HEALTH SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please send the full page document, when sending the certificate of existence. The half page document is unacceptable.

Please return the original and one copy of 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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 607A00044205

**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. Prime Health Services, Inc.

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

Prime Health PPD Services, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee

(State or country under the law of which it is incorporated)

3. 61-1851581

(FEI number, if applicable)

4. 04/04/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Preparing to enter market

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

(Principal office address)

7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

(Current mailing address)

8. Health Care Services

(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: Morris Global

Office Address: 42906 State Road 19

Altoona

(City)

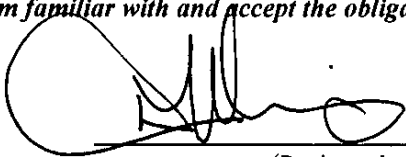
, Florida 32702

(Zip code)

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TALLAHASSEE, FLORIDA

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: Brian A. Sharp, President/CEO

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

~~Director~~
Vice Chairman: Michael Stubblefield

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

Director: Richard Stubblefield

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

Director: Larry Brinton, Jr.

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

B. OFFICERS

President: Brian A. Sharp

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

~~Vice President:~~ Richard Stubblefield, Officer

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

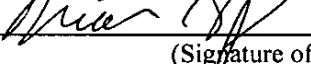
Secretary: Michael Stubblefield

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

~~Treasurer:~~ Larry Brinton, Jr., Officer

Address: 7110 Crossroads Blvd. Suite 100 Brentwood, TN 37027

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. Brian A. Sharp, President/CEO

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

FILED

2007 JUL 17 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 07/03/2007
REQUEST NUMBER: 07184592
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/04/2001
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0406148
JURISDICTION: TENNESSEE

TO:
STEVEN RAULINS
7110 CROSSROADS BLVD
STE 100
BRENTWOOD, TN 37027

REQUESTED BY:
STEVEN RAULINS
7110 CROSSROADS BLVD
STE 100
BRENTWOOD, TN 37027

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"PRIME HEALTH SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/03/07

FROM:
BRI BUSINESS SERVICES, INC.
611 COMMERCE ST
STE 3127
NASHVILLE, TN 37203-3761

	FEES	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00004231868
ACCOUNT NUMBER: 00503052



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE