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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
08 SEP 26 PM 2:12
DIVISION OF CORPORATION

FOREIGN PROFIT/NONPROFIT CORPORATION

HS Clinical Services, P.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2008 SEP 26 A 11:59
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. **HS Clinical Services, P.C.**

(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. **Tennessee**

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

3.

(FBI number, if applicable)

4. **May 6, 2008**

(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. **9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704**

(Principal office address)

9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704

(Current mailing address)

8. **Professional Corporation providing medical 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: **CT Corporation System**

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

Plantation

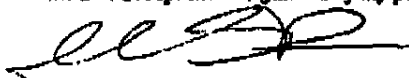
(City)

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.



Marc St. Pierre
Vice President and Assistant Secretary

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Opella F. Ernest, M.D.

Address: 9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704

Director: _____

Address: _____

B. OFFICERS

President: Opella F. Ernest, M.D.

Address: 9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704

Vice President: _____

Address: _____

Secretary: Gerald V. Coll

Address: 9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704

Treasurer: Kevin McNamara

Address: 9009 Carothers Parkway, Suite 501, Franklin, TN, 37067-1704

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Opella F. Ernest
(Signature of Director or Officer listed in number 12 of the application)

14. Opella F. Ernest, M.D., President
(Typed or printed name and capacity of person signing application)

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

ISSUANCE DATE: 09/24/2008
REQUEST NUMBER: 08268501
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/06/2008
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0876500
JURISDICTION: TENNESSEE

TO:
CFS
8161 HWY 100

NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HWY 100

NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"NS CLINICAL SERVICES, P.C."

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 ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/24/08

FROM:
CAPITAL FILING SERVICE (CFS)
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$40.00 \$0.00
TOTAL PAYMENT RECEIVED: \$40.00
RECEIPT NUMBER: 00004479063
ACCOUNT NUMBER: 00101250



25-0458

Riley C Darnell
RILEY C. DARNELL
SECRETARY OF STATE