

F 09000002238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

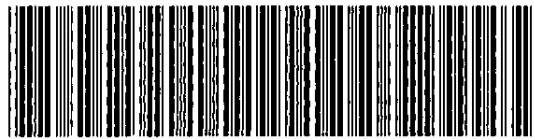
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

2009 JUN -3 PM 1:08

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Diversified Clinics 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:

Kimberly Berry  
Name of Person

Diversified Clinical Services, Inc.  
Firm/Company

4500 Salisbury Rd. # 300  
Address

Jacksonville, FL 32216  
City/State and Zip code

Kberry@diversifiedcs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Berry at ( 904 ) 296-6526  
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

**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. Diversified Clinics, Inc.  
(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. DELAWARE 3. 20-4102295  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/13/2006 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4500 Salisbury Road, Suite 300, Jacksonville, FL 32216  
(Principal office address)

same as above  
(Current mailing address)

8. 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 S. Pine Island Rd

Plantation, Florida 33324  
(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.*

Barbara A. Burke  
(Registered agent's signature)

Barbara A. Burke  
Special Assistant Secretary

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:

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DIVISION OF CORPORATIONS

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**A. DIRECTORS**

Chairman: Thomas Quinn  
Address: 4500 Salisbury Rd #300  
Jacksonville, FL 32216

Vice Chairman: —  
Address: —

Director: Jeff Nelson  
Address: 4500 Salisbury Rd #300  
Jacksonville, FL 32216

Director: Eion Hu  
Address: 767 Fifth Avenue, 48th Floor  
New York, NY 10153

**B. OFFICERS**

President: Jeff Nelson  
Address: 4500 Salisbury Rd #300  
Jacksonville, FL 32216

Vice President: Eion Hu  
Address: 767 Fifth Avenue, 48th Floor  
New York, NY 10153

Secretary: Kimberly Berry  
Address: 4500 Salisbury Rd #300, Jacksonville, FL 32216

<sup>CFO</sup>  
Treasurer: Bill Williams  
Address: 4500 Salisbury Rd #300, Jacksonville, FL 32216

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

13. Kimberly Berry  
(Signature of Director or Officer listed in number 12 of the application)

14. KIMBERLY BERRY Controller/Asst Sec  
(Typed or printed name and capacity of person signing application)

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVERSIFIED CLINICS, 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-FIRST DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7316500

DATE: 05-21-09