# F0900000249/

(Requestor's Name)
(Address)
(Address)
(Hadioso)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500157085925

06/19/09--01048--028 \*\*87.50

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

HIN 22 2009

- A WHITE



155 South Warren Street Mobile, Alabama 36602 Phone: 251-432-3781 Fax: 251-432-3787 pgrayfinney@finneylaw.com www.finneylaw.com

P. Gray Finney Attorney At Law Licensed in Alabama, Florida and Mississippi

June 17, 2009

#### **VIA FEDERAL EXPRESS**

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

#### **RE: 4PERFORMANCE HEALTHCARE SERVICES, INC.**

Dear Sir/Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check in the amount of \$87.50 (for the Filing Fee, Certificate of Status & Certified Copy), are submitted to register the above-referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

P. Gray Finney
Finney Law Firm LLC
155 South Warren Street
Mobile, Alabama 36602
pgrayfinney@finneylaw.com

For further information concerning this matter, please call me at: 251-432-3781

Sincerely

P. Grav Finge

### 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 IN 19 P 4: 40

ce Healthcare Services, Inc.	SECRETARY
orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	SECRETARY OF STATE "COMPANY," "CORPORATIONALLAHASSEE, FLORID
ible in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
3	80-0401668
	(FEI number, if applicable)
5	Perpetual
of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	in Florida, if prior to registration) 502, F.S., to determine penalty liability)
e Drive, Palm Beach Gardens, FL	33418
(Principal office ad	dress)
e Drive, Palm Beach Gardens, FL	33418
(Current mailing ad	dress)
and an area of the control of the co	
•	
t address of Florida registered agent: (P.	O. Box NOT acceptable)
William Kelly	
132 Pembroke Drive	
Palm Beach Gardens	, Florida <mark>33418</mark>
(City)	(Zip code)
ed as registered agent and to accept serv application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my dutie osition as registered agent.
	under the law of which it is incorporate name  [Section 1]  [Content transacted business (SEE SECTIONS 607.1501 & 607.150

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 o	officers	and/or	directors
-----	-----------	----------	-----------	------	----------	--------	-----------

### FILED

A. DIK	Letoks	
Chairman	ı: Michael Snyder	
Address:	132 Pembroke Drive	-
	Palm Beach Gardens, FL 33418	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Cha	irman: N/A	
Address:		
Director:	Brian Kelly	
Address:	132 Pembroke Drive	
	Palm Beach Gardens, FL 33418	
Director:	William Kelly	
Address:	132 Pembroke Drive	
	Palm Beach Gardens, FL 33418	
B. OFF	ICERS	
President:	Brian Kelly	
	132 Pembroke Drive	
	Palm Beach Gardens, FL 33418	
Vice Pres	sident:	
	,	
Secretary:	William Kelly	
•	132 Pembroke Drive, Palm Beach Gardens, FL 33418	
	Richard Power	
	132 Pembroke Drive, Palm Beach Gardens, FL 33418	
NOTE:	If necessary, you may attach an addendum to the application listing additiona	l officers and/or directors.
13	Wy/W/	
147:0	(Signature of Director or Officer listed in number 12 of the appl	ication)
14. <u>VVIII</u>	liam Kelly, Secretary  (Typed or printed name and capacity of person signing applies	otion)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4PERFORMANCE HEALTHCARE SERVICES, 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 ELEVENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE

4674656 8300

090607213

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 7354697

DATE: 06-11-09

You may verify this certificate online at corp.delaware.gov/authver.shtml