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Florida Department of State
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To: Division of Corporations
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From: Account Name : CORPDIRECT AGENTS, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION
ROTHMAN HEALTHCARE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
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H11000075796 3

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. ROTHMAN HEALTHCARE CORPORATION

(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

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

3. 273288570

(FEI number, if applicable)

4. 06/25/08

(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. ONE POLK ST UNIT 802, SAN FRANCISCO CA 94102

(Principal office address)

ONE POLK ST UNIT 802, SAN FRANCISCO CA 94102

(Current mailing address)

8. ANY LAWFUL BUSINESS OR ACTIVITY UNDER THE LAWS OF THIS STATE

(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: NRAI SERVICES, INC.

Office Address: 515 EAST PARK AVENUE

TALLAHASSEE

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above noted 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.



Michele Holden,

Asst. 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.

H11000075796 3

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

A. DIRECTORS

Chairman: RICHARD F SOMMERAddress: ONE POLK ST UNIT 1905, SAN FRANCISCO CA 94102Vice Chairman: MICHAEL J ROTHMANAddress: 6 TOWER RD, HOPEWELL JUNCTION NY 12533Director: GEORGE DUNCAN FINLAYAddress: 8632 DUNMORE DR, SARASOTA FL 34231Director: GEORGE ALMASIAddress: 15 THE TERRACE, KATONAH NY 10536Director: STEVEN ROTHMANAddress: 5019 KESTRAL PARK DR, SARASOTA FL 34231

B. OFFICERS

President: RICHARD F SOMMERAddress: ONE POLK ST UNIT 1905, SAN FRANCISCO CA 94102Vice President: MICHAEL J ROTHMANAddress: 6 TOWER RD, HOPEWELL JUNCTION NY 12533Secretary: JOAN E RAYMONDAddress: 3437 BRANCH CREEK DR, SARASOTA FL 34235Treasurer: JAMES THOTTAMAddress: 10719 SANDPIPER DR, HOUSTON TX 77096

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

13. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. James Thottam Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROTHMAN HEALTHCARE CORPORATION" 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-SECOND DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROTHMAN HEALTHCARE CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2008.

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



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8640046

DATE: 03-22-11

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