

1/11/2018

Division of Corporations

**F1800000158**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**RECEIVED**

JAN 11 2018

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
CLINICAL MANAGEMENT CONCEPTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Heb  
JAN 12 2018  
**J. HARRIS**

### Modeling and Simulation

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.

(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 3. 26-0236949  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ S. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than 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. 527 N. State of Franklin Rd. Suite 2 Johnson City, TN 37604	
(Principal office address)	
P.O. Box 6075 Johnson City, TN 37602	
(Current mailing address, if different)	


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1700 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

9. 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.

By:  Jennifer Quinn - Assistant Secretary  
(Registered agent's signature)

10. 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.

## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: Guy B. WilsonAddress: 212 Chestnut Ridge Road  
Jonesborough, TN 37659

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Debra M. WilsonAddress: 212 Chestnut Ridge Road  
Jonesborough, TN 37659

Vice President: \_\_\_\_\_

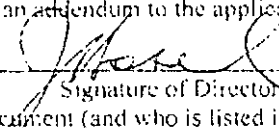
Address: \_\_\_\_\_

Secretary: James J. HaselsteinerAddress: 5 Flamingo Ct. Johnson City, TN 37601

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. James J Haselsteiner

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



Tre Hargett  
Secretary of State

**Division of Business Services  
Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CT CORPORATION  
2390 E CAMELBACK ROAD  
PHOENIX, AZ 85016

January 10, 2018

Request Type: Certificate of Existence/Authorization  
Request #: 0262813

Issuance Date: 01/10/2018  
Copies Requested: 1

Document Receipt

Receipt #: 003734736

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3718763232

\$20.00

Regarding: CLINICAL MANAGEMENT CONCEPTS, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 553489

Formation/Qualification Date: 07/12/2007

Date Formed: 07/12/2007

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WASHINGTON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**CLINICAL MANAGEMENT CONCEPTS, INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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