

F 9500000762

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DIVISION OF CORPORATIONS

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

500001407005
-02/15/95--01051--024
*****70.00 *****70.00

CORPORATION(S) NAME

- ☒ Profit
☐ NonProfit
☐ Amendment
☐ Merger
☒ Foreign
☐ Dissolution/Withdrawal
☐ Mark
☐ Limited Partnership
☐ Annual Report
☐ Other
☐ Reinstatement
☐ Reservation
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☐ Fictitious Name
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**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. STRATEGIC HEALTHCARE MANAGEMENT, INC.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

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

3. February 11, 1992
(Date of Incorporation)

4. Perpetual
(Duration)

5. 95-4358085
(Federal Employer Identification number, if applicable)

6. February 1, 1995
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2215 Sanders Road, Northbrook, Illinois 60062
(Current mailing address)

8. Business management consultants to physicians
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Director
Chairman: Thomas R. Mayer, M.D.

Address: Three Point Drive, Suite 103
Brea, California 92621

Director
Vice Chairman: Diane L. Munson

Address: 2211 Sanders Road
Northbrook, Illinois 60062

Director: Darrell J. Strenler

Address: 2211 Sanders Road
Northbrook, Illinois 60062

Director: _____

Address: _____

9. Officers:

President: Thomas R. Mayer, M.D.

Address: Three Pointe Drive, Suite 103
Brea, California 92621

Vice President: Diane L. Munson

Address: 2211 Sanders Road
Northbrook, Illinois 60062

Secretary: Thomas R. Schuman

& Vice President: 2215 Sanders Road
Address: Northbrook, Illinois 60062

Treasurer: Dennis R. Owezarski

Address: 2215 Sanders Road
Northbrook, Illinois 60062

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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.

Registered agent's signature:

C T Corporation System
(Officer)
Don L. Butler, Asst. Vice President
(Typed Name and Title of Officer)

12. 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.

13. Thomas R. Schuman
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

Thomas R. Schuman, Vice President and Secretary

14. _____
(Name and capacity of person signing application)



1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-9172 FAX

800-342-8086



F95000000762

ACCOUNT NO. : 072100000032

REFERENCE : 135158 4390339

AUTHORIZATION :

COST LIMIT :

\$ 35.00

Patricia Pyjunt

ORDER DATE : October 28, 1996

ORDER TIME : 12:37 PM

ORDER NO. : 135158-050

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Ezell
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

500002013025--3

CHANGE OF AGENT

NAME: STRATEGIC HEALTHCARE
MANAGEMENT INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Danny G. Smith

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DIVISION OF CORPORATION

RA Change
11/25/96
DR

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of CALIFORNIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: STRATEGIC HEALTHCARE MANAGEMENT, INC.

1b. The mailing address of the corporation is: _____

3000 Galleria Tower, Suite 1000, Birmingham, AL 35244

1c. Date of incorporation: 2-15-1995 Document number: F95000000762

2. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL. 3324

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 Hays Street, Suite 105

Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or
vice chairman of the board)

NOVEMBER 19, 1996

(Date)

TRACY THRASHER, SEC.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

By: Deborah D. Skipper

(Signature of Registered Agent)

NOVEMBER 22, 1996

(Date)

If signing on behalf of an entity:

DEBORAH D. SKIPPER

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA