F95000001064

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

400401417704
02/28/95--01086--010
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Amerimed Health Systems, Inc. (Corporation Name) W95-4502 (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

- [ ] Walk in
- [ ] Pick up time _____
- [ ] Certified Copy
- [ ] Mail out
- [x] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

File original & Date stamp copy.

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

Akerman Senterfitt & Eidson P.A.
(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

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Examiner's Initials	

CR2E031(10/92)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 1503 FLORIDA STATUES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 AmeriMed Health Systems, Inc.
(Name of corporation must include the word "INCORPORATED", "COMPANY" "CORPORATION" or words or abbreviations of like import in language as well clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present)

2 Delaware
(State or county under the law of which it is incorporated)

3 Applied for
(FEI number, if applicable)

4 December 14, 1994
(Date of Incorporation)

5. Perpetual
(Duration. Year corp. will cease to exist or "perpetual")

6. February 17, 1994 1995
(Date first transacted business in Florida. (See sections 607 1501, 607 1502 and 817 155, F S.))

7. 12000 Biscayne Blvd., Suite 108, Miami, Florida 33181

(Current mailing address)

8. Holding company for health plans operating in other states.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: American Information Services, Inc.

Office Address: 801 Brickell Avenue, 24th Floor

Miami, Florida, 33131
(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.

(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

12 Names and Addresses of officers and/or directors

A DIRECTORS

Director Alan Dome

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Director Alberto Gutman

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Director Robert Elkins

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Director Eric Hanson

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Director Hershel Krasnow

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Director Mark Tabak

Address 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

B. OFFICERS

President: Alan Dome

Address: 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Vice President: Craig Dome

Address: 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

Secretary/Treasurer: Vilma Quintana

Address: 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181

13. _____
(Signature of Chairman, Vice Chairman, ...y officer listed in number 12 of the application)

14 Craig Dome, Vice President
(Typed or printed name and capacity of person signing application)

IC AM AMENDED 0002

State of Delaware

Office of the Secretary of State

[illegible]

DELAWARE, DO HEREBY CERTIFY [illegible]

DULY RECORDED IN MY OFFICE [illegible]

[illegible]

THE RECORDS OF THIS OFFICE SHOW, AS OF THE [illegible]

A.D. 1995.

[illegible]

Edward J. Freel, Secretary of State

[illegible]

AUTHENTICATION: [illegible]

DATE: [illegible]