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C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Dr., Ste. 200

Address

Tallahassee, FL 32301 904-656-8298

City

State

Zip

Phone

CORPORATION(S) NAME

Comprehensive Occupational and Clinical Health, Inc.

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| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> E-File/Initial Name |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call # Problem         | <input type="checkbox"/> CUS                 |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Will Wait              | <input type="checkbox"/> After 4:30          |
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IF ANY PROBLEMS PLEASE CALL

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Comprehensive Occupational and Clinical Health, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Delaware  
(State or country under the law of which it is incorporated)
3. 23-2684311  
(FEI number, if applicable)
4. January 14, 1992  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 367 South Gulph Road, P.O. Box 61558  
King of Prussia, PA 19406-0958  
(Current mailing address)
8. Worker's Compensation loss control services  
(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: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)
10. Registered agent 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.

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

Domenic A. Borriello, Assistant Secretary

(Type Name and Title of Officer)

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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**

Chairman: Alan B. Miller

Address: 367 South Gulph Road  
King of Prussia, PA 19406

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

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

Director: Kirk E. Gorman

Address: 367 South Gulph Road  
King of Prussia, PA 19406

Director: Bruce R. Gilbert

Address: 367 South Gulph Road  
King of Prussia, PA 19406

**B. OFFICERS**

President: Alan B. Miller

Address: 367 South Gulph Road  
King of Prussia, PA 19406

Vice President: Valerie Cupo

Address: 367 South Gulph Road  
King of Prussia, PA 19406

Secretary: Bruce R. Gilbert

Address: 367 South Gulph Road  
King of Prussia, PA 19406

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Treasurer: Kirk E. Gorman

Address: 367 South Gulph Road

King of Prussia, PA 19406

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

13. Valerie Cupo

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Valerie Cupo, Vice President

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

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE OCCUPATIONAL AND CLINICAL HEALTH, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 1995.

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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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7451588

DATE:

03-27-95