

F95000001 8008

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

300001451473
-04/10/95--01013--001
*****78.75 *****78.75

SUBJECT: DynaSis Health Care Systems, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Larry L. Ruff, Esquire

(Name of Person)

Ruff & Associates

(Firm/Company)

359 East Paces Ferry Road, N.E., Suite 200-A

(Address)

Atlanta, Georgia 30305-2351

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Larry L. Ruff

(Name of Person)

at (404) 240 - 1401

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 18 AM 10:22

54/18



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 10, 1995

RUFF & ASSOCIATES
% LARRY L. RUFF
359 E. PACES FERRY RD., N.E., SUITE 200-
ATLANTA, GA 30305-2351

SUBJECT: DYNASIS HEALTH CARE SYSTEMS, INC.
Ref. Number: W95000007656

We have received your document for DYNASIS HEALTH CARE SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Steven Harris
Corporate Specialist

Letter Number: 295A00016190

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DIVISION OF CORPORATIONS
95 APR 18 AM 10:22

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. DynaSis Health Care Systems, 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. Georgia
(State or country under the law of which it is incorporated)
3. 58-2151421
(FEI number, if applicable)
4. February, 1995
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 4000 McGinnis Ferry Road
Alpharetta, GA 30202
(Current mailing address)
8. Computer services and all other lawful purposes
(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: Richard Spillane
Office Address: 920 N 66th Avenue
Hollywood, Florida, 30024
(Zip Code)

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DIVISION OF CORPORATIONS
55 APR 18 AM 10:30

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.

Richard Spillane
(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

Chairman: Stanely E. Kania

Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

Vice Chairman: _____

Address: _____

Director: Rusty L. Davis

Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

Director: David J. Moorman

Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

B. OFFICERS

President: Rusty L. Davis

Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

Vice President: Stanely E. Kania

Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

Secretary: David J. Moorman

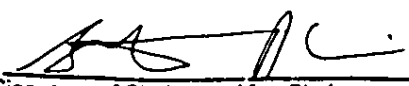
Address: 4000 McGinnis Ferry Road
Alpharetta, GA 30202

Treasurer: same as Vice President listed above

Address: _____

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

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

14. STANLEY E. KANIA, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950520164
CONTROL NUMBER : 9505271
DATE INC/AUTH/FILED: 02/07/1995
JURISDICTION : GEORGIA
PRINT DATE : 02/21/1995
FORM NUMBER : 211

RUFF & ASSOCIATES/PAMELA BERRY
359 EAST PACES FERRY RD., N.E.
SUITE 200-A
ATLANTA GA 30305-2351

CERTIFICATE OF EXISTENCE

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DYNASIS HEALTH CARE SYSTEMS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland
MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta