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ACCOUNT NO. : 072100000032  
REFERENCE : 645893 122584A  
AUTHORIZATION :  
COST LIMIT : 9 PPD

ORDER DATE : July 21, 1995

ORDER TIME : 10:19 AM

ORDER NO. : 645893

CUSTOMER NO: 122584A

CUSTOMER: Karen Orlin, Legal Assistant  
Berman Wolfe & Rennert, P.A.  
Suite 3500  
100 S.e. Second Street  
Miami, FL 33131

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-08/02/95--01011--012  
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FOREIGN FILINGS

NAME: PROVIDERS FUNDING SERVICES OF  
SOUTH CAROLINA, INC.

XX PROFIT \_\_\_\_\_ CORPORATE  
NON-PROFIT \_\_\_\_\_ LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

RECEIVED  
95 JUL 28 11:18 AM  
DIVISION OF REVENUE

RECEIVED  
95 JUL 28 11:18 AM  
DIVISION OF REVENUE  
mtm

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. Providers Funding Services of South Carolina, 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. South Carolina

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

3. 57-1004352

(FEI number, if applicable)

4. August 2, 1994

(Date of incorporation)

5. Perpetual

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

6. August 2, 1994

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.155, F.S.)

7. 4800 North Federal Highway, Suite 208A

Boca Raton, Florida 33431

(Current mailing address)

8. To engage in any lawful business

(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: Berman Wolfe & Rennert, P.A.

Office Address: 100 Southeast Second Street; Suite 3500

Miami

Florida

33131-2130

(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.

By: Neil S. Berman, President

Berman Wolfe & Rennert, P.A.

(Registered agent's signature)

Neil S. Berman, President

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: Cris Frankel  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

DIRECTOR: Sam Martin Ergas  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

Director: Shawn A. Friedkin  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

Director: Myron I. Swatt  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

B. OFFICERS


President: Cris Frankel  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

Vice President/Secretary/Treasurer: Shawn A. Friedkin  
Address: 4800 North Federal Highway, Suite 208 A  
Boca Raton, Florida 33431

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

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

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

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

14. Cris Frankel, President  
(Typed or printed name and capacity of person signing application)

# *The State of South Carolina*



## *Office of Secretary of State Jim Miles* **Certificate of Existence**

RECEIVED  
JUL 20 1995  
OFFICE OF THE SECRETARY OF STATE

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

**PROVIDERS FUNDING SERVICES OF SOUTH CAROLINA, INC.,**  
a corporation duly organized under the laws of the State of South Carolina on **August 2nd, 1994**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of  
the State at Columbia this 18th day of  
July, 1995.

A handwritten signature of Jim Miles in cursive script.

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.