

F96000000501

LAWRENCE GIBSON  
ATTORNEY AT LAW

3300 EXECUTIVE PARKWAY, SUITE 104

TOLEDO, OH 43000-1335  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

100001701001  
-01/30/96--01038--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

1. SCS Healthcare Group, Incorporated  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
96 JUN 30 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 JUN 30 PM 2:00

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

**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. SCI Healthcare Group, Incorporated  
(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. Ohio  
(State or country under the law of which it is incorporated)
3. 34-1789908  
(FEI number, if applicable)
4. January 11, 1995  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. January 2, 1996  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 5015 Valencia Drive  
Toledo, OH 43623  
(Current mailing address)
8. To render computer programming and support services in the health care field  
(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:** Thomas S. Rohrer  
**Office Address:** 8510 Egret Lakes Lane  
West Palm Beach, Florida, 33412  
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

~~Chairman~~ Director: Michael D. Nash

Address: 5015 Valencia Dr.  
Toledo, OH 43623

~~Vice Chairman~~ Director: Ervin G. Peterson

Address: 5015 Valencia Dr.  
Toledo, OH 43623

Director: Thomas S. Rohrer

Address: 5015 Valencia Dr.  
Toledo, OH 43623

Director: \_\_\_\_\_

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

B. OFFICERS

President: Michael D. Nash

Address: 5015 Valencia Dr.  
Toledo, OH 43623

Vice President: Ervin G. Peterson

Address: 5015 Valencia Dr.  
Toledo, OH 43623

Vice President Secretary: Thomas S. Rohrer

Address: 5015 Valencia Dr.  
Toledo, OH 43623

Secretary Treasurer: Michael D. Nash

Address: 5015 Valencia Dr.  
Toledo, OH 43623

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

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

14. Michael D. Nash, President  
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.**

*I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show SCI HEALTHCARE GROUP, INCORPORATED, an Ohio Corporation, Charter No. 892419, principal location in Toledo, County of Lucas, incorporated on January 11, 1995, is currently in GOOD STANDING upon the records of this office.*

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96 JAN 30 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*WITNESS my hand and official  
seal at Columbus, Ohio this  
3rd day of January, A.D., 1996*

*Bob Taft*

Bob Taft  
Secretary of State