

Document Number  
**F960000000706**

CT CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, FL 32301 222-1092  
City State Zip Phone  
CORPORATION(S) NAME

200001711552  
02/09/96--01053--030  
\*\*\*\*\*70.00 \*\*\*\*\*70.00  
W96-3070

96 FEB - 9 P12 33  
SICK, JIMMY L. STATE  
TALLAHASSEE, FLORIDA

*Integrated Provider Networks, Inc.*

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger         |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark           |
| <input type="checkbox"/> Limited Liability   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other          |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Resurrection           | <input type="checkbox"/> Change of N.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> FIC. Name      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS            |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Walk In                | <input type="checkbox"/> After 4:30     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Mail Out               | <input type="checkbox"/> Pick Up        |

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DIVISION OF CORPORATION  
FEB - 9 12 29



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

February 9, 1996

**CT SYSTEM**

**SUBJECT: INTEGRATED PROVIDER NETWORKS, INC.**  
Ref. Number: W96000003070

We have received your document for INTEGRATED PROVIDER NETWORKS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The attached list of officers was NOT attached.

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.

Doug Dickinson  
Document Specialist

Letter Number: 296A0000.1841

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO 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. Integrated Provider Networks, 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. North Carolina 56-1529325  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 9, 1986 5. Perpetual  
(Date of incorporation) (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 817.156, F.S.))
7. 2828 Crossdale Drive, Durham, North Carolina 27705  
(Current mailing address)
8. To provide physician practice management services to physician group and health care providers.  
(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 obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

**JENNIFER FAULTMAN**  
**ASSISTANT SECRETARY**

(Type Name and Title of Officer)

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TALLAHASSEE, FLORIDA

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: Eugene F. Dauchert, Jr.

Address: 2828 Crossdale Drive

Durham, North Carolina 27705

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

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

Director: Gary R. Whitaker, M.D.

Address: 2828 Crossdale Drive

Durham, North Carolina 27705

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

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

B. OFFICERS

President: See attached list of officers

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

Vice President: \_\_\_\_\_

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

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

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

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TALLAHASSEE, FLORIDA

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

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

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

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

14. Eugene F. Dauchert, Jr., President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Appendix to Georgia  
Application for Certificate of Authority

**Officers of  
Integrated Provider Networks, Inc.**

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1. Eugene F. Dauchert, Jr., President  
2828 Crossdale Drive  
Durham, North Carolina 27705
2. Gary R. Whitaker, M.D., Vice President  
2828 Crossdale Drive  
Durham, North Carolina 27705
3. Charles R. Monroe, Executive Vice President and Chief Operating Officer  
2828 Crossdale Drive  
Durham, North Carolina 27705
4. Sheryl A. Neugebauer, Secretary/Treasurer  
2828 Crossdale Drive  
Durham, North Carolina 27705
5. Kimberly J. Miles, Assistant Secretary  
2828 Crossdale Drive  
Durham, North Carolina 27705

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TALLAHASSEE, FLORIDA

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

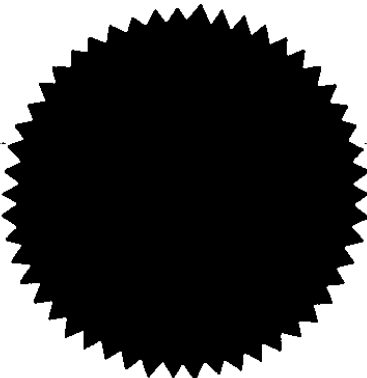
**I, RUFUS L. EDMISTEN**, Secretary of State of the State of North Carolina, do hereby certify that

**INTEGRATED PROVIDER NETWORKS, INC.**

*is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of July, 1986, with its period of duration being perpetual.*

**I FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of January, 1996



*Rufus L. Edmisten*

Secretary of State

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FLORIDA