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TALLAHASSEE, FL 32301  
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networks  
PRESTICE HALL  
LEGAL & FINANCIAL SERVICES

F96000000798

ACCOUNT NO. : 0721000000032

REFERENCE : 010570 4350571

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 70.00

ORDER DATE : January 24, 1996

ORDER TIME : 11:05 AM

ORDER NO. : 010570

CUSTOMER NO: 4350571

CUSTOMER: Roger Desiderio, Esq  
Bendit, Weinstock & Sharbaugh  
80 Main St.

400001717164

West Orange, NJ 07052

FOREIGN FILINGS

NAME: BYRAM-SOUTHEAST HEALTHCARE  
CENTERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CAROL HENSAL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 16 PM 2:04  
96 FEB 16 PM 12:10  
RECEIVED  
DIVISION OF CORPORATION

**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:**

BYRAM-SOUTHEAST HEALTHCARE CENTERS, INC.

1. (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. 58-2216142  
(FEI number, if applicable)

4. 1/26/96  
(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 817.155, F.S.))

7. 75 HOLLY HILL LANE  
GREENWICH, CT 06830  
(Current mailing address)

8. TO ENGAGE IN THE SALE OF HEALTHCARE PRODUCTS AND RELATED 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: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: The Prentice-Hall Corporation System, Inc.

Office Address: 1201 Hays Street, Suite 105  
Tallahassee, Florida, 32301  
(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.*

The Prentice-Hall Corporation System, Inc.

By: TABAKKA F. FIORELLI - ASST V.P.  
(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 16 PM 2:04

12: Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

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

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

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

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

Director: PETER A. PHILLIPS

Address: 75 HOLLY HILL LANE GREENWICH, CT 06830

Director: LAWRENCE E. JANES

Address: 75 HOLLY HILL LANE GREENWICH, CT 06830

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: PETER A. PHILLIPS

Address: 75 HOLLY HILL LANE GREENWICH, CT 06830

Vice President: LAWRENCE E. JANES

Address: 75 HOLLY HILL LANE GREENWICH, CT 06830


Secretary: LAWRENCE E. JANES

Address: 75 HOLLY HILL LANE GREENWICH, CT 06830

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

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

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. PETER A. PHILLIPS - PRESIDENT  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Business Information and Services**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 960450523  
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JURISDICTION : GEORGIA  
PRINT DATE : 02/14/1996  
FORM NUMBER : 0211

CSC NETWORKS  
EILEEN EDMONDSON  
66 LUCKIE STREET, SUITE 604  
ATLANTA, GA 30303

**CERTIFICATE OF EXISTENCE**

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

**BYRAM-SOUTHEAST HEALTHCARE CENTERS, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was 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, certificate of cancellation or any other similar document 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, a statement of commencement of winding up 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.



*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 16 PM 2:00