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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MEDICAL CARE COORDINATORS, 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:

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*****78.75 *****78.75

RON R. SUMNER, ATTORNEY
(Name of Person)

SUMNER AND PETERS
(Firm/Company)

30500 Van Dyke Avenue, Suite 704
(Address)

Warren, MI 48093-2114
(City/State/Zip)

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

Attorney Ron R. Sumner
(Name of Person)

at ( 810 ) 573-7200
(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 Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Sumner and Peters
Attorneys and Counselors at Law

RON R. SUMNER, LL.M.
FERDINAND M. PETERS, LL.M.

ADDITIONAL JURISDICTIONS
DISTRICT OF COLUMBIA
STATE OF ARIZONA

Comerica Building, Suite 704
30500 Van Dyke Avenue
Warren, Michigan 48093-2114

TELEPHONE (810) 573-7200
FACSIMILE (810) 573-7202

February 26, 1996

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
P.O. 6327
Tallahassee, Florida 32314

Re: Medical Care Coordinators, Inc.

Dear Sir/Madam:

Please find enclosed Application By Foreign Corporation For Authorization To Transact Business In Florida, Certificate of Good Standing, and check in the amount of $78.75 to cover the registration fee and certificate of status.

Please mail certificate of status to me in the self-addressed, stamped envelope.

If there is anything else required, please let me know so that we may comply with Florida law.

Thank you.

Sincerely,

SUMNER AND PETERS

BY: Ron R. Sumner
RON R. SUMNER

RRS/vk
Enclosures

# 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. MEDICAL CARE COORDINATORS, 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. MICHIGAN
(State or country under the law of which it is incorporated)

3. 38-2478944
(FEI number, if applicable)

4. 9/13/83
(Date of Incorporation)

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

6. March 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

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7. MEDICAL CARE COORDINATORS, INC.
31950 Kelly Road, Roseville, MI 48066
(Current mailing address)

8. To engage in business of: Medical Case Management, Health Services Management, Fee Analysis and Medical Facility Review.
(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: CAROLINE HAIRE

Office Address: 4021 N.E. 31st Avenue

Lighthouse Pointe, , Florida , 33064
(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.*

X Caroline Haire
(Registered agent's signature)
CAROLINE HAIRE

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: (Street address ONLY- P. O. Box NOT acceptable)

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CAROLINE A. HAIRE

Address: 38234 Seaway Drive, Mt. Clemens, MI 48043

Director: ELAINE W. SMITH

Address: 3452 Iroquois Avenue, Detroit, MI 48214

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

President: CAROLINE A. HAIRE

Address: 38234 Seaway Drive, Mt. Clemens, MI 48043

Vice President: NONE

Address: _____

Secretary: ELAINE W. SMITH

Address: 3452 Iroquois Avenue, Detroit, MI 48214

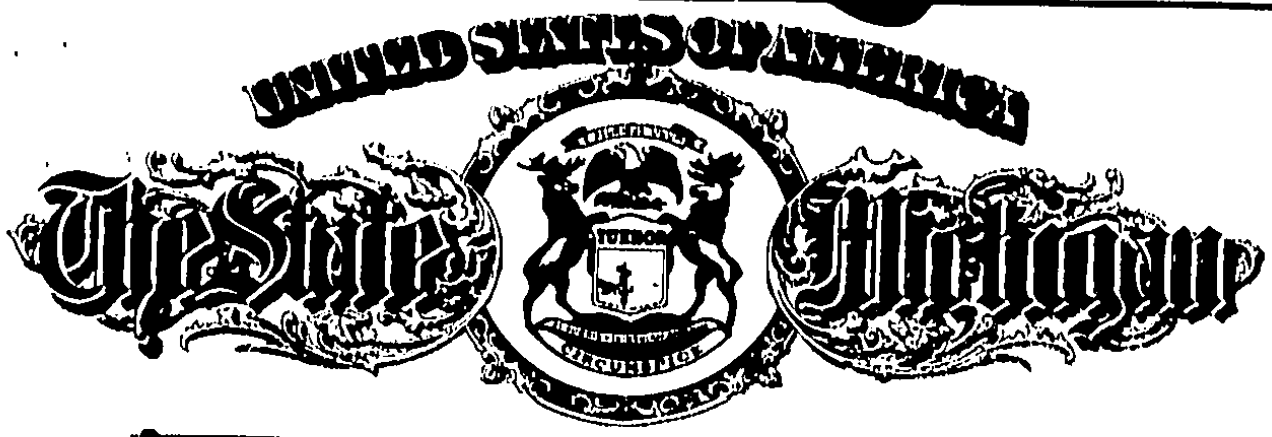
Treasurer: ELAINE W. SMITH

Address: 3452 Iroquois Avenue, Detroit, MI 48214

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

13. X Caroline A. Haire
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
CAROLINE A. HAIRE

14. CAROLINE A. HAIRE, PRESIDENT
(Typed or printed name and capacity of person signing application)




# Michigan Department of Commerce

Lansing, Michigan

*This is to Certify That*

***MEDICAL CARE COORDINATORS, INC.***

*was validly incorporated on September 21, 1983, as a Michigan profit corporation and said corporation is validly in existence under the laws of this State.*

*This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

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*In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16th day of February, 1996.*

Carl L. Tyson , Director

Corporation & Securities Bureau

173 SEAL APPEARS ONLY ON ORIGINAL