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CSC networks

Patricia Pizzuto

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR -8 PM 12:41

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 22, 1995

CSC-ANDREA MABRY

SUBJECT: NHS CORPORATION
Ref. Number: W95000023012

We have received your document for NHS CORPORATION and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please be advised this office requires an original signature for the registered agent.

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: 895A00051530

# 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. NHS Corporation
(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. Delaware
(State or country under the law of which it is incorporated)

3. 65-[illegible]
(FEI number, if applicable)

4. September 27 1995
(Date of incorporation)

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

6. [illegible]
(Date first transacted business in Florida. *(See sections 607.1501, 607.1502, and 617.155, F.S.)*

7. 621 NW 53 Street Suite 330
Boca Raton FL 33487
(Current mailing address)

8. acquisition of healthcare businesses
(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: Gregory M. Otte

Office Address: 621 NW 53 St, Ste 330

Boca Raton, Florida, 33487
(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: ______________________
(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.

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

A. DIRECTORS

Chairman: Edgar Otto

Address: 621 NW 53 Street Suite 330

Boca Raton FL 33487

Vice Chairman: ______________________

Address: ______________________

______________________

Director: Ernest Wilcock

Address: 621 NW 52 Street Suite 330

Boca Raton FL 33487

Director: Gregory M. Otto

Address: 621 NW 53 Street Suite 330

Boca Raton FL 33487

B. OFFICERS

President: Edgar Otto

Address: 621 NW 53 Street Suite 330

Boca Raton FL 33487

Vice President: ______________________

Address: ______________________

______________________

Secretary: Gregory M. Otto

Address: 621 NW 53 Street Suite 330

Boca Raton FL 33487

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 Section 12 of the application.)

14. Gregory M. Otto, Secretary
(Typed or printed name and capacity of person signing application)

# State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NHS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR -8 PM 12:41

Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION 7856958

DATE 03-07-96