

12-22-15 10:30AM TO 614073310096 F003
F960000001428
TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

500001686645
-01/11/96--01041--001
*****70.00 *****70.00

SUBJECT: Allied Health Systems, 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:

Lauren A. Cohen
(Name of Person)
% Garry R. Spear, P.A.
(Firm/Company)
7280 W. Palmetto Park Rd., # 204N
(Address)
Boca Raton FL 33433
(City/State/Zip)

W96-646

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 21 AM 8:36

KL
3/21

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

Lauren A. Cohen
(Name of Person) at (407) 391-1944
(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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 11, 1996

LAUREN A. COHEN
C/O GARRY R. SPEAR, P.A.
730 W. PALMETTO PARK ROAD, #204N
BOCA RATON, FL 33433

SUBJECT: ALLIED HEALTH SYSTEMS, INC.
Ref. Number: W96000000896

We have received your document for ALLIED HEALTH SYSTEMS, 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:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2400.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 096A00001481



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 11, 1996

LAUREN A. COHEN
C/O GARRY R. SPEAR, P.A.
7280 W. PALMETTO PARK ROAD, #204N
BOCA RATON, FL 33433

SUBJECT: ALLIED HEALTH SYSTEMS, INC.
Ref. Number: W96000000896

*Submit Affidavit
stating that corp'n
has not been doing
business in Fla-70
erroneous information
submitted & sworn
by Officer of Corp'n*

We have received your document for ALLIED HEALTH SYSTEMS, 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:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2400.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 096A00001481

GARRY R. SPEAR, P.A.
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
7280 W. Palmetto Park Road
Suite 204-N
Boca Raton, Florida 33433
(407) 391-1944 (office) (407) 391-0096 (facsimile)

Garry R. Spear
Lauren A. Cohen (Member of the Bar of Ontario, Canada)

(407) 391-2811

March 18, 1996

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention: Lee Rivers, Document Examiner

Pursuant to your letter dated January 11, 1996 (which for some reason was not received in our offices until late February, 1996), and my discussion with a representative of your office on March 1, 1996, enclosed herewith please find the Affidavit of the Vice-President of Allied Health Systems, Inc., which confirms that the corporation has NOT been doing business in the State of Florida, and that erroneous information had been submitted with the original application for a Certificate of Authority.

If you require further information, please contact our office.

Yours truly,



LAUREN A. COHEN

AFFIDAVIT OF DOUGLAS MILLER

STATE OF FLORIDA)

COUNTY OF BROWARD)

I, **DOUG MILLER**, of the City of Coral Springs, in the County of Broward, in the State of Florida, hereby affirm and say as follows:

1. That Allied Health Systems, Inc., a corporation incorporated pursuant to the laws of the State of Delaware on the 19th day of April, 1994, has not been doing business within the State of Florida since the date of its incorporation.

2. That I am the Vice-President of Allied Health Systems, Inc., and I therefore have knowledge of the information contained herein.

3. That the information which was submitted with respect to the application submitted on behalf of Allied Health Systems, Inc. for Authorization to do business in Florida, was erroneous.




DOUG MILLER

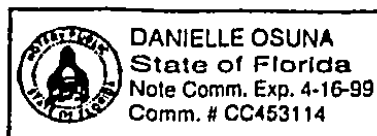
STATE OF FLORIDA)

COUNTY OF BROWARD)

The foregoing instrument was signed before me this 12th day of March, 1996, by DOUGLAS MILLER, in the capacities indicated. He is personally known to me and did (did not) take an oath.


Name: Danielle Osuna
Commission No.: CC453114
Notary Public
State of Florida at Large

My commission expires:



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. Allied Health Systems, 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. Delaware
(State or country under the law of which it is incorporated)
3. 31-1433667
(FBI number, if applicable)
4. 3/29/94
(Date of Incorporation)
5. Perpetual
(Duration. Year corp. will cease to exist or "perpetual")
6. 3/3/94
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 607.1503, F.S.))
7. 3323 W. Commercial Blvd., #110
Boca Raton FL 33433
(Current mailing address)
8. Health Care Management Services and other
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
authorized purposes.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Garry R. Spear, P.A.
Office Address: 7280 W. Palmetto Park Rd., #204
Boca Raton, Florida, 33433
(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.
Garry R. Spear
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 AM 8:36

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 Stratton

Address: 10 Beulah Road & Route 202

New Britain, PA 18901

Director: Douglas Miller

Address: 3323 W. Commercial Blvd. #110

Ft. Lauderdale FL 33309

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

President: Peter Stratton

Address: 10 Beulah Road & Route 202

New Britain, PA 18901

Vice President: Doug Miller

Address: 3323 W. Commercial Blvd #110

Ft. Lauderdale FL 33309

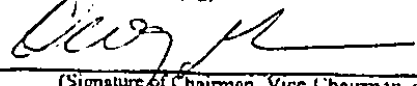
Secretary: Doug Miller

Address: same as above

Treasurer: Peter Stratton

Address: same as above

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. Douglas Miller, Vice-President
(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 "ALLIED HEALTH SYSTEMS, INC." 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 1995.

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 21 AM 8:36



Edward J. Freel, Secretary of State

2390061 8300

950304286

AUTHENTICATION: 7763420

DATE: 12-21-95