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CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

000001 796150
-04/26/96--01073--011
*****70.00 *****70.00

000001 796150
-04/26/96--01073--012
******8.75 ******8.75

CORPORATION(S) NAME

Sleep Disorders Center of N. Florida, P.A.

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DIVISION OF CORPORATIONS

(X) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Foreign
( ) Limited Partnership
( ) Reinstatement
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Sleep Disorders Center of North Florida, 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. Georgia
(State or country under the law of which it is incorporated)

3. 58-2233123
(FEI number, if applicable)

4. April 23, 1996
(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 817.156, F.S.),

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7. 5505 Peachtree-Dunwoody Road, Atlanta, Georgia 30342
(Current mailing address)

8. Diagnosis of sleep disorders.
(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

Mary R. Adams
(Registered agent's signature, (Officer)

Mary R. Adams, Asst. Secretary
(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)
CT System

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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Ernest N. Williamson

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

Director: D. Alan Lankford

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

B. OFFICERS

President: Ernest N. Williamson

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

Vice President: D. Alan Lankford

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

Secretary: D. Alan Lankford

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

Treasurer: D. Alan Lankford

Address: 5505 Peachtree-Dunwoody Road

Atlanta, Georgia 30342

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

13. D Alan Lankford
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. D. Alan Lankford, Vice 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	: 961160150
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CT CORPORATION SYSTEM
AIMEE FRINK
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

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

SLEEP DISORDERS CENTER OF NORTH FLORIDA, 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