

ALSTON & BIRD

F9600002223

1201 East Peachtree Street  
Atlanta, Georgia 30309-3421  
404-881-7000  
Fax: 404-881-7777

Lynn E. Boren, Legal Assistant

Direct Dial: 404-881-7893

March 20, 1996

*Via Federal Express*

Office of the Florida Secretary of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Southeastern Therapists, Inc.

Dear Sirs:

For your consideration, we are submitting herewith an application (two originals) for foreign qualification for the above-referenced Georgia corporation.

The company's check in the amount of \$78.75 is enclosed to cover the cost of your filing fee and certificate of existence. Please send the certificate to my attention at the above address.

Also enclosed is the application for registration of the fictitious name. Attached thereto is the company's check in the amount of \$60.00 to cover the cost of registration and the certificate of status, which I understand will be mailed to the company. **Please insert the Florida Registration Number in Section 2 before forwarding this form for processing.**

Please call me at my direct dial number listed above with any questions.

Sincerely,

*Lynn Boren*

Lynn E. Boren, Legal Assistant

leb

Enclosures

cc: Kimberly A. Ackourey, Esq.

[AD960790.166]

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-05/08/96--01047--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAY -3 AM 8:27



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

April 11, 1996

LYNN E. BOREN  
ALSTON & BIRD  
1 ATLANTIC CENTER, 1201 W PEACHTREE ST  
ATLANTA, GA 30309-3424

SUBJECT: SOUTHEASTERN THERAPISTS, INC.  
Ref. Number: W96000007841

We have received your document for SOUTHEASTERN THERAPISTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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: 596A00016617

**APPLICATION BY FOREIGN CORPORATIONS 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. Southeastern Therapists, Inc.  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "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. June 29, 1995 4. Perpetual  
(Date of incorporation) (Duration)
5. 58-2182148  
(Federal Employer Identification Number, if applicable)
6. March 4, 1996  
(Date first transacted business in Florida. See Sections 607.1501, 607.1502, and 817.155, F.S.)
7. P. O. Box 4949, Albany, Georgia 31706  
(Current mailing address)
8. Own and operate pulmonary rehabilitation centers  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: *James Palazzolo*  
Address: *2520 Pheasant Avenue*  
*Albany, GA 31710*

Director: *Craig Castle*  
Address: *2506 Sailor's Way*  
*Naples, FL 33942*

Director: *Earl Robinson*  
Address: *1555 Dogwood Lane*  
*Middleburg, FL 32068*

Director: *Timothy Castle*  
Address: *818 South College Avenue*  
*Douglas, GA 31533*

Director: *Kim Tuttle*  
Address: *Route 2, Box 864*  
*Ridgeland, SC 29936*

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DIVISION OF CORPORATIONS  
96 MAY -3 AM 8:27

**B. Officers:**

**President:** *James Palazzolo*  
**Address:** *2520 Pheasant Avenue*  
*Albany, GA 31701*

**Vice Pres:** *Timothy Castle*  
**Address:** *818 South College Avenue*  
*Douglas, GA*

**Secretary:** *Earl Robinson*  
**Address:** *1555 Dogwood Lane*  
*Middleburg, FL 32068*

**Treasurer:** *Kim Tuttle*  
**Address:** *Route 2, Box 864*  
*Ridgeland, SC 29936*

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and street address of Florida registered agent:**

**Name:** ***CT CORPORATION SYSTEM***  
**Office address:** *c/o C T Corporation System, 1200 South Pine Island Road*  
*Plantation, Florida 33324*

**11. 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.

***CT CORPORATION SYSTEM***

**Registered agent's signature:**

*Mary R. Adams*  
(Officer)

*Mary R. Adams, Assistant Secretary*  
(Type name and title of officer)

**12. 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.**

**13. *[Signature]***  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

**14. *TIMOTHY CASTLE VICE PRESIDENT/DIRECTOR***  
(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 : 960710463  
CONTROL NUMBER : 9519704  
DATE INC/AUTH/FILED: 06/29/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 03/11/1996  
FORM NUMBER : 211

LYNN BOREN  
ATSTON & BIRD  
1201 W. P'TREE ST  
ATLANTA GA 30309-3424

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DIVISION OF CORPORATIONS  
95 MAY -3 AM 8:28

**CERTIFICATE OF EXISTENCE**

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

**SOUTHEASTERN THERAPISTS, 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