

CONTACT:

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UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

RECEIVED
96 MAY 13 PM 1:44
DIVISION OF CORPORATION

500001815079
-05/13/96--01060--013
*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1 Bone, Muscle and Joint, Inc.
(Corporation Name) (Document #)

2 _____
(Corporation Name) (Document #)

3 _____
(Corporation Name) (Document #)

4 _____
(Corporation Name) (Document #)

☒ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

| NEW FILINGS | |
|--|--|
| <input type="checkbox"/> Profit | |
| <input type="checkbox"/> NonProfit | |
| <input type="checkbox"/> Limited Liability | |
| <input type="checkbox"/> Domestication | |
| <input type="checkbox"/> Other | |

| AMENDMENTS | |
|--|--|
| <input type="checkbox"/> Amendment | |
| <input type="checkbox"/> Resignation of R A, Officer, Director | |
| <input type="checkbox"/> Change of Registered Agent | |
| <input type="checkbox"/> Dissolution/Withdrawal | |
| <input type="checkbox"/> Merger | |

| OTHER FILINGS | |
|---|--|
| <input type="checkbox"/> Annual Report | |
| <input type="checkbox"/> Fictitious Name | |
| <input type="checkbox"/> Name Reservation | |

| REGISTRATION/QUALIFICATION | |
|--|--|
| <input checked="" type="checkbox"/> Foreign | |
| <input type="checkbox"/> Limited Partnership | |
| <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Trademark | |
| <input type="checkbox"/> Other | |

HOLD FOR
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Examiner's Initials

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96 MAY 13 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. BONE, MUSCLE AND JOINT, 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. _____
(FEI number, if applicable)
4. January 17, 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 817.155, F.S.))
7. 2378 N.W. 60th Street, Boca Raton, FL 33496

(Current mailing address)

8. To engage in muscular and skeletal physician management business.
(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 acceptable)**

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida, 32301
(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.

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TALLAHASSEE, FLORIDA

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: Naresh Nagpal, MD.
Address: 2378 N.W. 60th Street, Boca Raton, FL 33496
Vice Chairman: _____
Address: _____

Director: Ann H. Lamont
Address: One Gorham Island
Westport, CT 06880
Director: Donald I. Lothrop
Address: 3000 Sand Hill Rd., Building 1, Suite 135
Menlo Park, CA 94025

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

President: Naresh Nagpal, MD
Address: 2378 N.W. 60th Street, Boca Raton, FL 33496
Vice President: _____
Address: _____

Secretary: Reinena Davis
Address: 30 Rockefeller Plaza, 41st Floor
New York, NY 10112
Treasurer: _____
Address: _____

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96 MAY 18 PM 1444
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. N. Nagpal
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Naresh Nagpal, MD 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 "BONE, MUSCLE AND JOINT, 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 NINTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
96 MAY 13 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2583072 8300

960135414

Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION: 7940156

DATE: 05-09-96

F96000002388

Continental Corporate Services, Inc.

275 Madison Avenue, Suite 2110
New York, NY 10016

tel: 212-213-0208

fax: 212-213-6512

September 19, 1997

Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, FL 32399

500002301135--1
-09/23/97--01071--006
*****35.00 *****35.00

Re: Bono, Muscle and Joint, Inc.
changing to:
BMJ Medical Management, Inc.

Enclosed are the documents to change the name of the captioned corporation.

Upon completion of filing, please return usual evidence to the undersigned.

Should you have any questions regarding this filing, please call me toll-free at
1-800-300-5067.

Thank you for your help in this matter.

Very truly yours


Richard P. Borovoy
Customer Service Manager

FILED
97 SEP 23 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC
CBS
9/29

**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)**

(1-3 must be completed)

- SECRETARY OF STATE
TALLAHASSEE
FLORIDA
In Florida

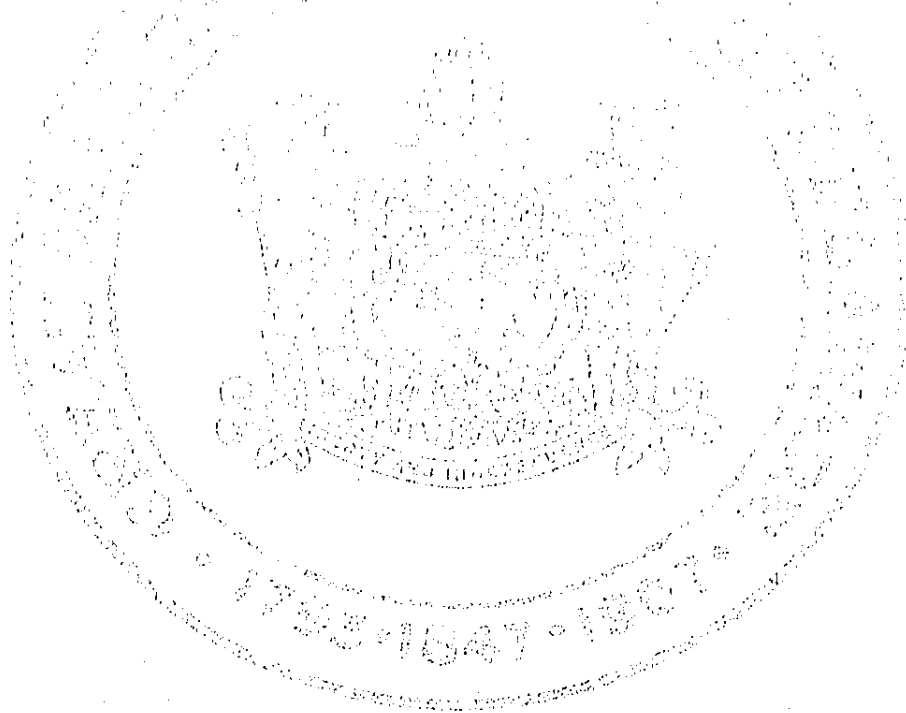
(4-7 complete only the applicable changes)

- David H. Peter
Date
Executive Vice President and
~~Chief Financial Officer~~

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BONE, MUSCLE AND JOINT, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BMJ MEDICAL MANAGEMENT, INC.", THE TWELFTH DAY OF SEPTEMBER, A.D. 1997, AT 9 O'CLOCK A.M.



Edward J. Freel
Edward J. Freel, Secretary of State

2583072 8320

971313100

AUTHENTICATION: 8658034

DATE: 09-18-97