

F96000004324

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: North Carolina Primary Health Care Association
(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:

400001929804
-08/22/96--01067--003
*****70.00 *****70.00

Steven E. Shore, Director

(Name of Person)

NC Primary Care Association

(Firm/Company)

975 Walnut St., Suite 355

(Address)

Cary, NC 27516

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Susan Brock

(Name of Person)

at (919) 461-0150

(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



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

August 20, 1996

Qualification/Tax Lien Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

re: enclosed application

To Whom it may concern,

Please find enclosed a completed *Application By Foreign Non-Profit Corporation for Authorization to Transact Business in Florida*, requesting that the North Carolina Primary Health Care Association be registered in order that they might contract with our agency.

It is our desire to execute an agreement with this provider so that they might provide tuberculosis case management coordination and training services to health care workers in the "upstream" states to which migrant agricultural workers travel. This agreement would be a part of our participation in a Robert Wood Johnson Foundation funded national tuberculosis case-finding and care program.

I have agreed to act as North Carolina Primary Health Care Association's registered agent in Florida, if I can provide any further information or clarification please call.

Sincerely,

Clifford I. Knight, Operations & Management Consultant

cc: Cheryl Lesneski
Susan Brock
Laurey Gauch

FAX: (904) 329-0401
cliffyk@ix.netcom.com

Non-Profit

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

⁶¹⁷
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. North Carolina Primary Health Care Association, 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. North Carolina 3. 56-1340332
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 1, 1978 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9/15/96 (projected)
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, ⁶¹⁷ ⁶¹⁷

7. 975 Walnut Street, Suite 355
Cary NC 27511
(Current mailing address)

8. Corporation will contract w/ FL DHHS to provide services to migrants in N.C.
(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 Box NOT acceptable)**

Name: Clifford I. Knight

Office Address: 2801 Kennedy St.

Platzka, Florida, 32177
(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.

 8/20/96
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Evelyn Schmidt, M.D.

Address: 1301 Fayetteville Street
Durham NC 27707

Vice President: Moses Carey, Jr.

Address: 121 Kingston Drive
Chapel Hill, NC 27514

Secretary: Laura Aponte

Address: 3331 Easy Street
Dunn, NC 28334

Treasurer: Brian Ellerby

Address: 207 Moeven Road
Wadesboro, NC 28170

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

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

14. Evelyn Schmidt, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NORTH CAROLINA



Department of The
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE (NONPROFIT)

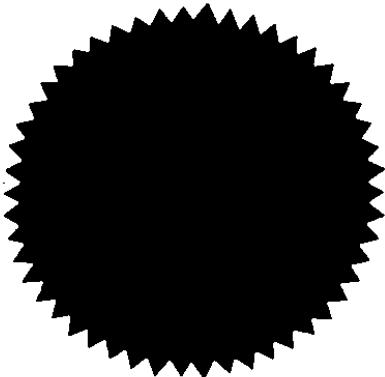
I, JANICE H. FAULKNER, Secretary of State of the State of North Carolina, do hereby certify that

NORTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of November, 1978, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of July, 1996.



Janice H. Faulkner
Secretary of State