

F96000005752



ACCOUNT NO. : 072100000032

REFERENCE : 140930 7110150

AUTHORIZATION

Patricia Pizant

COST LIMIT : \$ 70.00

ORDER DATE : November 1, 1996

ORDER TIME : 2:58 PM

ORDER NO. : 140930-005

CUSTOMER NO: 7110150

CUSTOMER: Ms. Pauline Giannetti
National Healthnet
1900 Corporate Boulevard, N.w.
Suite 400w
Boca Raton, FL 33431

200001995462--S

W96-23389

FOREIGN FILINGS

NAME: NATIONAL HEALTHSOURCE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

RECEIVED
96 NOV -4 PM 1:12
DIVISION OF CORPORATIONS

FILED
96 NOV -4 PM 1:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS
H 11/5



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 4, 1996

CSC NETWORKS

SUBJECT: NATIONAL HEALTHSOURCE, INC.
Ref. Number: W96000023389

We have received your document(s) in this office, however, the document is being returned for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 796A00050651

RESUBMIT
Please give original
submission date as file date.

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

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. NATIONAL HEALTHSOURCE, 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 of present.)
2. GEORGIA
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. OCTOBER 24, 1996
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.158, F.S.))
7. 1900 Corporate Blvd., N.W., Suite 400 West
Boca Raton, FL 33431
(Current mailing address)
8. To engage in any business authorized under the laws of Florida.
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

Florida,

32301
(Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 1:05

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.

Corporation Service Company

By: Lylia M. Green

(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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Edgar Otto
Address: 1900 Corporate Blvd. N.W., Suite 400W
Boca Raton, FL 33431

Vice Chairman: _____
Address: _____

Director: Ernest C. Wilcock
Address: 1900 Corporate Blvd. N.W., Suite 400W
Boca Raton, FL 33431

Director: _____
Address: _____

B. OFFICERS

President: Ernest C. Wilcock
Address: 1900 Corporate Blvd., N.W., Suite 400W
Boca Raton, FL 33431

Vice President: _____
Address: _____

Secretary: James E. Patrick
Address: 1900 Corporate Blvd., N.W. Suite 400W
Boca Raton, FL 33431

Treasurer: Jeffrey Mallon
Address: 1900 Corporate Blvd., N.W. Suite 400W
Boca Raton, FL 33431

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. Ernest C. Wilcock, 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 : 963090156
CONTROL NUMBER : 9632673
DATE INC/AUTH/FILED : 10/24/1996
JURISDICTION : GEORGIA
PRINT DATE : 11/04/1996
FORM NUMBER : 0211

CSC NETWORKS
J. J. JACKSON
100 PEACHTREE STREET, STE 660
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

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

**NATIONAL HEALTHSOURCE, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 1:05