

# F96000005907

Document Number Only

CF CORPORATION SYSTEM

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660 EAST JEFFERSON STREET

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Requestor's Name  
TALLAHASSEE, FL 32301

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Address  
222-1092

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City State Zip Phone

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CORPORATION(S) NAME

50002003265--7  
 -11/13/96--0150--005  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

*Healthcare dimensions, Inc.*

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit     | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input checked="" type="checkbox"/> NonProfit  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Foreign    | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Fictitious Name Filing | <input type="checkbox"/> Certified Copy     |
| <input type="checkbox"/> Reinstatement         | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out              |   |   |

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 DIVISION OF CORPORATIONS  
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Acknowledgment
W.P. Verifier

*11/13*

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Mary K Swanson, do hereby certify that this Resolution of the Board of Directors of HealthCare Dimensions, Inc., a corporation duly organized and existing under the laws of the State of Arizona, was duly adopted on October 15, 19 96.

Resolved, that HealthCare Dimensions, Inc. organized and existing in the State of Arizona, hereby adopts the name HealthCare Dimensions of Arizona, Inc. for use in Florida.

Dated: 10/15/96  
ms.

Mary K Swanson  
Signature of at least one director

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**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. HealthCare Dimensions, 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. Arizona (State or country under the law of which it is incorporated)      3. 86-0713382 (FEI number, if applicable)
4. September 14, 1992 (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.))
7. 401 W. Baseline, Ste. 204, Tempe, Arizona 85283  
(Current mailing address)
8. Consulting  
(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)

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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

  
\_\_\_\_\_  
(Registered agent's signature) (Officer)

William C. Bradford, Jr., Vice President  
(Type Name and Title of Officer)

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: Mary K. Swanson

Address: 401 West Baseline Rd., Suite 204

Tempe, Arizona 85283

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: see attached list of officers

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

13. *Janie Heuck*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janie Heuck, Vice President  
(Typed or printed name and capacity of person signing application)

Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of  
HealthCare Dimensions, Inc.**

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1. Mary K. Swanson, President, CEO  
401 West Baseline Rd., Suite 204  
Tempe, Arizona 85283
2. Janie Heuck, Vice President, Secretary and Treasurer  
401 West Baseline Rd., Suite 204  
Tempe, Arizona 85283
3. Ernie Zaik, Vice President  
401 West Baseline Rd., Suite 204  
Tempe, Arizona 85283

# State of Arizona



OFFICE OF THE

## CORPORATION COMMISSION

*To all to whom these presents shall come, greeting:*

*I, James Matthews, Executive Secretary of the Arizona Corporation Commission, do hereby certify that*

**\*\*\*HEALTHCARE DIMENSIONS, INC.\*\*\***

*a domestic corporation organized under the laws of the state of Arizona, did incorporate on September 14, 1992.*

*I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.*



*IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 4th day of November, 1996, A. D.*

*James Matthews*

*Executive Secretary*

BY: *Olga Castillo*

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