# TODD STERZOY Holland and Knight (Requestor's Name) 315 South Calhoun Street Suite 600 Tallahasase, Florida 32302

425-5625 . SIDICID 2035279--9 -12/20/96--01053--016 \*\*\*\*2082.50 \*\*\*\*\*122.50

OFFICE USE ONLY

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

(Phone #)

(City, State, Zip)

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(Corpor	aton Name)	(Document #)	전 N
(Corpor	idan Name)	(Document #)	SSEE FLEE
	Pick up time 4:00	(Document #) Certified Copy	04 04
Mail out	Will wait Photocopy	Certificate of Status	•
NEW FILINGS	AMENDMENTS		
Profit	Amendment		201
NonProfit	Resignation of R.A., Office	r/Director	.96 96
Limited Liability	Chance of Registered Ager	nt	200
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Other	Merger	<del></del>	
OTHER FILINGS	REGISTRATION/ QUALIFICATION		OWISION OF COMPORATION
Arinual Report		· · ·	
<del> i, , </del>	Poreign		
Fictitious Name	Limited Partnership		
Arinual Report Fictitious Name Name Reservation			

### 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

on partnership if not so contained in the name at present;	CONTION of words of
2. Grockia com	
(Sinte or country under the law of which it is incorporated) 3. (Fill number, if appli	17436
	r anidi
(Uate of Incorparation) (Ouration: Year corp. will cases	A AMIRA CO. A.
5/96	ameral Memberreld
(Date first wansoched business in Florida. (See sections 607.1801, 607.1802, end 817.)	
7. 3050 North Horseshoe Drive Suite 260	MA F.SU CORRESPONDED TO
Naples FL 33942 (Current melling eddress)	
(Current melling address)	
8. Healthcare Business	D 2: C
(Purpose(s) of corporation authorized in home axes or county to be carried out in t	ne state of Florida
	<i>y.</i>
Name: CT Corporation System	
9. Name and street address of Florida registered agent:  Name: CT Curpuration System  Olice Address: 1200 S. Pine Tsland Road  Florida., Florida.	1
· Plantation	9
, Florida ,	33304
40 Best	(CIP COGE)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process corporation at the place designated in this application, I hereby accept registered agent and agree to act in this capacity. I further agree to comport of all statutes relative to the proper and complete performance of my dutivith and accept the obligations of my position as registered agent.	ilia appointment as
A - SPECIAL	ASSISTANT SECRETARY
(Registered agents signs	
Andrea and Ministral	
11 Attended to a second of the	

11. Attached is a certificate of existence duly authenticated, not more than 30 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.	Namos	and	addresses	of	officers	and/or	directors
-----	-------	-----	-----------	----	----------	--------	-----------

Α,	DIRECTORS
	Director Gary W Sinuleton
	Address: 3050 N Hucsushee Drive Suite 260
	Noples FL 33942
	Director " William T. Krystopowicz
	Address: 3050 N. Hurseshoe Drive, Sule 260
	Naples FL 33942
	Director: David H. Faler
	Address: 3050 N. Hurseshoe Drive Suite 260
	Nucles FL 33942
	Director:
	Address:
6.	OFFICERS CONTRACTOR OF THE PROPERTY OF THE PRO
	President: Gacy W Singleton
	Address: 3050 N. Horseshoe Drive Suite 260
	Nucles FL 33442
	Mas President: David H. Faler
	Address: 3050 N Horseshue Drive Sink 260
	Nacles FL 33942
	Socrotary: William J. Krystopowice
	Address: 3050 N. Hurseshoe Drive Site 260
	Noples FL 33942
	Treasurer:
	Address: 2050 N Horreshoe Drive, Sik 260
MATE	Muples FL 33942
arid/or c	If necessary, you may attach an addendum to the application listing additional officers lirectors.
12	Toy & Total Valence
13. (Sign	rature of Chairman, Vico Chairman, or any officer listed in number 12 of the application)
14	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name and capacity of person signing application)

## Becretary of State Washess Information and Dervices Suite 315, West Tower 2 Martin Author King Ir. Dr. Allanta, Georgia 30334-1530

DOCKET NUMBER : 963840019
CONTROL NUMBER : 9614005
DATE INC/AUTH/FILED: 05/31/1994
JURISD CTION : GEORGIA
PRINT JATE : 12/19/1996
FORM NUMBER : 0211

CSC NETWORKS
KEVIN G. JOHNSON
100 PEACHTREE STREET, STE 660
ATLANTA, GA 30303

#### CERTIFICATE OF EXISTENCE

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

### DUBLIN/SCC, 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 abovenamed 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.



Jewis 4. Massey

Lewis A. Massey Secretary of State