

**F96000006754**  
Document Number Only

**CI CORPORATION SYSTEM**

**660 EAST JEFFERSON STREET**

**Requestor's Name**  
**TALLAHASSEE, FL 32301**

**Address**  
**222-1092**

**City State Zip Phone**

**CORPORATION(S) NAME**

**300002027838--S**  
**-12/24/96--01180--008**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

*Chartered Health Network, Inc.*

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

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*12/24*

*Hk 12/24*

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**DIVISION OF CORPORATIONS**  
**DEC 24 PM 1:50**

**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. Chartered Health Network, 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. 59-3413207  
(FEI number, if applicable)
4. 10/2/96  
(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. 4190 Belfort Road, Suite 200, Jacksonville, FL 32216  
  
(Current mailing address)
8. Health care management  
(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 obligations of my position as registered agent.*

**C T CORPORATION SYSTEM**

  
(Registered agent's signature) (Officer)

Gil S. Apellis, Asst. Secretary

(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: \_\_\_\_\_

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

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

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

Director: Richard J. Scholz

Address: 8 Marsh Hawk Road

Ferandina Beach, Florida 32034

Director: Arthur Flynn

Address: 30 Beachwood Road

Amelia Island, Florida 32034

**B. OFFICERS**

President: Arthur Flynn

Address: 30 Beachwood Road

Amelia Island, Florida 32034

Vice President: Richard J. Scholz

Address: 8 Marsh Hawk Road

Ferandina Beach, Florida 32034

Secretary: Richard J. Scholz

Address: 8 Marsh Hawk Road


Ferandina Beach, Florida 32034

Treasurer: Arthur Flynn

Address: 30 Birchwood Road

Amelia Island, Florida 32034

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

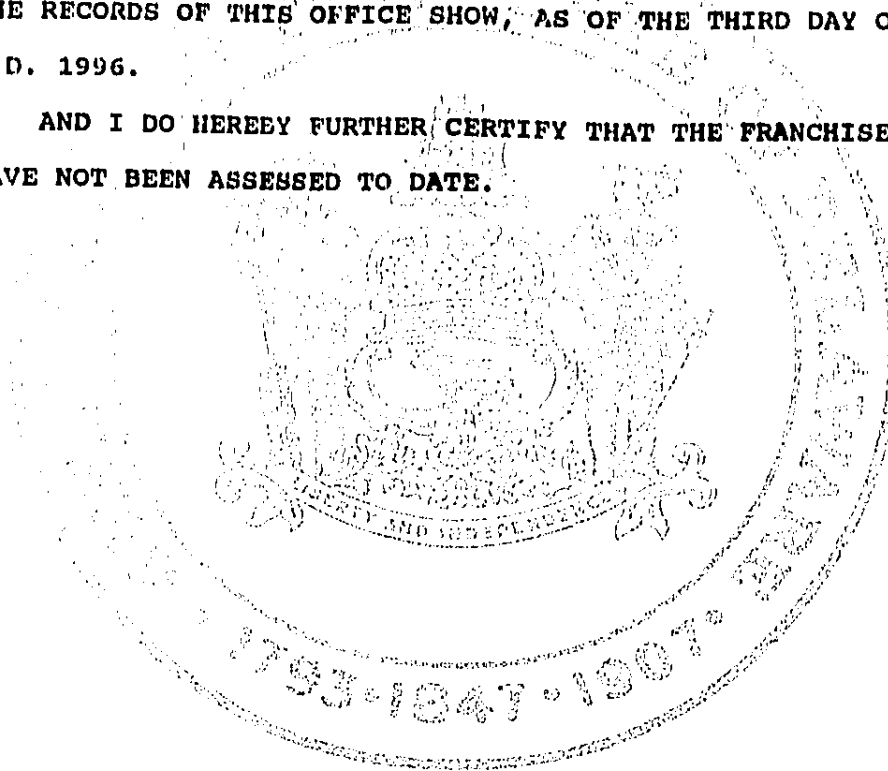
13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Richard J. Scholz, Vice President  
(Typed or printed name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHARTERED HEALTH NETWORK, 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 THIRD DAY OF OCTOBER, A.D. 1996.

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



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 PM 1:50



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

8130932

10-03-96