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CIAL INSTRUCTIONS		RATION CO.

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 STATE OF FLORIDA:

1.	(Name of corporation: must include the word INCORPOR abbreviations of like import in language as will clearly ind or partnership if not so contained in the name at present.)	ATED , COMPANY , CORPORATI icate that it is a corporation instead of a	ON or words or natural person
2.	MISSOURI (State or country under the law of which it is incorporated	3, 43-1616297 (FEI number, if appl	icable)
4.	8/18/92 (Date of Incorporation)	5. PERPETUAL	
6.	1/1/95 (Date first transacted business in Florida. (SEE SECTION)	(Duration: Year corp. will cease to ex ONS 607.1501, 607.1502, AND 817.15	• • • • • • • • • • • • • • • • • • • •
7.	11227 MANCHENTER ROAD		
	KIRKWOOD, MISSOURI 63122 (Current mailing address)		
8.	PROVIDE GENERAL HEALTHCARE MGNT CONSULT (Purpose(s) of corporation authorized in home state or co Florida)	ING SERVICE TO AREA HOSPITH untry to be carried out in the state of	
9.	Name and street address of Florida registered a acceptable)	agent: (P.O. Box or Mail Drop Bo	SOT SEE
	Name: CORPORATE ACCESS, INC.		CASE CO Section
Offi	ice Address: 1116-D THOMASVILLE ROAD		PI 3: E
	TALLAHASSEE	, Florida , 32303 (Zip Code)	FAIR ORIDA
lavi it th o ac ind	Registered agent s acceptance: ing been named as registered agent and to accept the place designated in this application, I hereby accept to in this capacity. I further agree to comply with complete performance of my duties, and I am fame tegistered agent.	ccept the appointment as register the provisions of all statutes relat	ed agent and agree tive to the proper
	0		•

(Registered agent s signature)

corporate records in the jurisdiction under the law of which it is incorporated.

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

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' ł 2.	Names a	and addresses of officers and/or directors: (Street address ONLY - P.O ble)	. Box NOT	•
A.	DIREC	TORS (Street address only - P.O. Box NOT acceptable)		
Cha	leman:	ROBERT C. MCNUTT		
		11227 MANCHESTER ROAD		
		KIRKWOOD, MISSOURI 63122		
Vice		in;		
				14-1111-1111-1
Dire	ctor:			·
			The state of the s	
Dire	ctor:			
В.	OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	<u> </u>	
Pres	ident:	ROBERT C. MCNUTT		
Add	ress:	11227 MANCHESTER ROAD	· · · · · · · · · · · · · · · · · · ·	SE:
		KIRKWOOD, MO 63122		HA AHA AHA
Vice	Presiden	M: WILLIAM BILLINGS		SSE 23
Add	ress:	11227 MANCHESTER ROAD		
	·	KIRKWOOD, MO 63122		STATE STATE
Secr	etary:	ROBERT C. MCNUTT	· · ·	DA O
A.dd:	ress:	11227 MANCHESTER ROAD		
		KIRKWOOD, MO 63122	· · · · · · · · · · · · · · · · · · ·	
Trea	surer:			
Add	ress:			
	FE: If notes	ecessary, you may attach an addendum to the application listing addition	nal officers	and/or
13.	7	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the		
	·	Confinence of Chairman, vice Chairman, or any officer fisted in number 12 of the	application)	
14.	ROBERT	C. MCNUTT PRESIDE (Typed or printed name and capacity of person signing application)	INT	

STATE OF MISSOURI

Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATES OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE OF THE STATES OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE OF THE STATES OF

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 18TH DAY OF AUGUST, 1992, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 17TH DAY OF DECEMBER, 1996.



