



THE UNITED STATES  
CORPORATION  
COMPANY

# F97000005942

ACCOUNT NO. : 072100000032

REFERENCE : 527661 4352677

AUTHORIZATION :

COST LIMIT : \$ 122.50

*Patricia Pizut*

ORDER DATE : September 12, 1997

ORDER TIME : 9:44 AM

ORDER NO. : 527661-075

000002342480--7

CUSTOMER NO: 4352677

CUSTOMER: Mary Beth Kaul, Esq  
Baker & Hostetler LLP  
1000 Louisiana, Suite 2000

Houston, TX 77002-5009

FOREIGN FILINGS

NAME: AMERICAN MEDICAL PROVIDERS,  
INC.

FILE SECOND

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

DIVISION OF CORPORATION

97 NOV 10 AM 11:06

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*2011/10*  
97 NOV 10 PM 2:55  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. American Medical Providers, 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 3. 76-0530185  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 9, 1996 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 1997  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 3555 Timmons Lane, Suite 1550  
Houston, Texas 77027  
(Current mailing address)

8. Transacting any and all lawful business for which corporations may  
organized under the General Corporation Law of Delaware.  
(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:** (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip Code)

**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: Laura R. Dunlap  
(Registered agent's signature)  
Laura R. Dunlap, as Agent

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: (Street address **ONLY**- P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P.O. Box NOT acceptable)**

Chairman: SEE ATTACHED

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

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

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

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

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

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

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

**B. OFFICERS (Street address only- P.O. Box NOT acceptable)**

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

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. 

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

14. Robert C. Uoyner, Vice President

(Typed or printed name and capacity of person signing application)

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**AMERICAN MEDICAL PROVIDERS, INC.**

**Directors:**

1. Jack N. McCrary  
12 Windermere Lane  
Houston, Texas 77063
2. Wayne A. Bertsch  
5122 Willowbend  
Houston, Texas 77035-3220
3. John S. Bace  
3730 Del Monte  
Houston, Texas
4. S.F. Hartley  
112 West Pasadena Boulevard  
Deer Park, Texas 77536
5. Donald S. Huge, M.D.  
1177 W. Loop South, Suite 77019  
Houston, Texas 77027
6. Stanley R. Kalish, D.P.M.  
6911 Tara Boulevard  
Jonesboro, Georgia 30236
7. George Vito  
360 Hospital Drive  
Building D  
Macon, Georgia 31201

**Officers:**

1. Jack N. McCrary  
Chairman, Chief Executive Officer  
and President  
12 Windermere Lane  
Houston, Texas 77063
2. Robert C. Joyner  
Vice President, General Counsel and  
Corporate Development  
87 Northgate Drive  
The Woodlands, Texas 77380
3. Wayne A. Bertsch  
Chief Financial Officer  
And Vice President  
5122 Willowbend  
Houston, Texas 77035-3220
4. Randy E. Johnson  
Vice President – Regional  
Operations Officer  
5208 Grand Lake  
Bellaire, Texas 77401
5. Gary Hubschman  
Assistant Vice President  
And Controller  
50 Redbud Ridge Place  
The Woodlands, Texas 77380

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*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 "AMERICAN MEDICAL PROVIDERS, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
97 NOV 10 PM 2:55



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8676073

DATE: 09-29-97