To: Qualification. Division of C	Tax Lien Section Corporations		
SUBJECT: Prof	essional Health-	- Care Resources, 1	nc.
	(Name of corporation	on - must include suffix)	
Dear Sir or Madam:		-02/	24312407 /16/98-01055-002
The enclosed "Application "Certificate of Exister transact business in F	nce", and check are submitted to	Authorization to Transact Busines register the above referenced foreig	s in Florida", in corporation to
Please return all corre	espondence concerning this matter	r to the following:	
	Keith M	attea	gp2/16
	(Name o	f Person)	36 SAID S
Pro	ofessional Health- (Firm/Co	Care Resources, Inc.	ECRETA SFEB 1
	2825 Wilcrest	; Suite 420	RY OF STATEONS CORPORATIONS
	,	lress)	
	Houston, TX (City/St	77042 ate/Zin)	<b>49</b>
	(Only150		
Should you need to ca	all someone concerning this matte	er, please call:	
Keith Ma		785-6931 a Code & Daytime Telephone Num	- hoo
(Maine of Pe	ison) (Aic	a Coue & Daymine Telephone Num	io.i,
COMPTED ADDRE	cc.	MAILING ADDDESS.	

### COURIER ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** 409 E. Gaines St. Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## 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. Health-Care Resources 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.) (State or country under the law of which it is incorporated) State or country under the law of which it is incorporated)

February 21, 1989

(Date of incorporation)

(FEI number, if applicable)

February 21, 1989

(Duration: Year corp. will cease to exist or "perpetual") Druan 2, 1998 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) taffina and Consultina (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 905 East ML King Dr., Suite 290 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

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.

(Registered agent's signature)

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.

	s and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)  CTORS (Street address only - P.O. Box NOT acceptable)	•
Chairman		
Address:	·	·
		<del></del>
Vice Chai	rman:	
Audiess.		
Dimenton	Kerth Mattea	,
	2825 Wilcrest, Suite 420	
Address:	Houston, TX 77042	
•		
Address:		
R OFF	CERS (Street address only - P.O. Box NOT acceptable)	· ·
	Vaille Matter	SE
	2825 Wilcrest, Suite 420	27. 27.
Address:	Hauston, Tx 770+2	95 E
	Hustat, k 110-12	Post
Vice Pres	dent:	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Address:		-50
Secretary		
Address:		
Treasurer		
Address:		
NOTE:	If necessary, yan may attach an addendum to the application listing additional officers and/or directors.	
13.	(KI) Anth	
1.5.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	Keith W. Matten, President  (Typed or printed name and capacity of person signing application)	



# The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

## PROFESSIONAL HEALTH-CARE RESOURCES, INC. File No. 1105679-00

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.

98 FEB 16 PH 1:4

SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS

IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on January 16, 1998.

HERMAS

F Sampler

Alberto R. Gonzales Secretary of State  $\overline{PH}$