F9800000000006

•	· · · · · · · · · · · · · · · · · · ·
To: Qualification/ Division of Co	ax Lien Section porations
SUBJECT: Practi	e Management Incorporated (Name of corporation - must include suffice) Incorporate consin
Dear Sir or Madam:	
	ion by Foreign Corporation for Authorization to Transact Business in Florida", e", and check are submitted to register the above referenced foreign corporation to rida.
Please return all corres	ondence concerning this matter to the following: 700024767579
Mat	hew L. Storms -04/02/9801060002
***************************************	(Name of Person)
Mic	ael Best & Friedrich LLP (Firm/Company)
1 S	Pinckney St.
	(Address)
Mad	Son, WI 53701-1806 98 AP 3707 PR
	(City/State/Zip) RECRETED TO SERVICE TO SER
Should you need to ca	someone concerning this matter, please call: The state of the state o
Matthew Storms	at (608) 257-3501
(Name of Per	on) (Area Code & Daytime Telephone Number)
COURIER ADDRES	$\frac{9700}{3/2}$

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Charles B. Brownlow (Name)	, do hereby certify
that this Resolution of	of the Board of Directors of Practice Manag	ement Incorporated
	(Corporate Name)	711.46
	(corporate relative)	
a corporation duly or	rganized and existing under the laws of the State	of Wisconsin , ,
was duly adopted on		of wisconsin
		7
Be it resolved, that _	Practice Management Incorporated	
	(Corporate Name) <u>-≤</u> ∴
organized and existing	(Corporate Name) ng in the State of Wisconsin	, hereby adopts the name
Practice Manage	ment Incorporated of Wisconsin	for use in Florida.
Dated:	1/98	
	Signature of either Chairman, Vice Chairman or any	y officer
	Charles B. Brownlow Type or print name	

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	Practice M	anagement Incorporated		<u> </u>		4- °C		5- F
••	(Name of corpo	ration; must include the work "INCO	RPORATED	', "COMPAN	Y", "CORPOR	ATION" or \mathbb{N}	Visconsin	
	words or abbrev	iations of like import in language as r partnership if not so contained in the	e name at pre	esent.)	is a corporation	i msiona or a		
	natural person o	i partitoring it not be terminated	-					
2.	Wisconsin		3.	39-16499	923			_
		under the law of which it is incorpor	rated)		(FEI number, i	f applicable)		
4.	September	19, 1989	Perpetu	ıal				_
4.		e of incorporation)	(Duration:	Year corp. wi	ill cease to exis	t or "perpetual"	")	
6.	January 1,	1998			_			_
Ο.	(Date firs	transacted business in Florida.) (SEI	E SECTIONS	607.1501, 60	7.1502 and 817	7.155, F.S.)		
7		Road, Suite 102		,				_
1.								رس)
	Madison, V		ailing address	<u> </u>				- 35
		(Curon in	annig addi oo	,			APR	
^	Billing Se	ervices					1	: A -
8.		(s) of corporation authorized in home	state or cour	itry to be carri	ied out in state	of Florida)	70	0,75
_		eet address of Florida registered	Lagante (D	O Roy or M	ail Dron Box	NOT acceptal	⊒ ble) f.	e e e
9.	Name and str	eet address of Florida registered	agent. (1.	O. DOA OF THE	un Diop Don	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	: 06	ATE.
	Name:	CT Corporation System					<u> </u>	٠,
_	.co. 4.11	1200 S. Pine Island Rd.						
U	ffice Address:							•
		Plantation		, Florida,	33324	•		
					(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.

(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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	CIORS (Street address only - P.O. Box NO1 acceptable)	
Chairman:	Charles B. Brownlow	
Address:	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
Vice Chair	rman: Sheryl Brownlow	
Address:	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
Director:	Julie Long	
Address:	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
Director:	Anne Jafferis-Zimmerman	
Address: _	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	
President:	Charles B. Brownlow	98 3 8
Address: _	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	SECRETARY B APR -2
Vice Presid	dent: Sheryl Brownlow .	PH OF S
Address: _	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	90 :t
- Secretary:	Sheryl Brownlow	
Address: _	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
- Freasurer:	Charles B. Brownlow	
Address: _	5721 Odana Road, Suite 102, Madison, Wisconsin 53719	
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or director	ors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	·
14	Charles B. Brownlow, Chairman	-
	(Typed or printed name and capacity of person signing application)	

DFI/CCS/Corp Fm 31-A (7/96) - Printed on Recycled Paper -

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

PRACTICE MANAGEMENT INCORPORATED

is a domestic corporation organized under the laws of this state and that its date of incorporation is SEPTEMBER 19, 1989.

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on MARCH 18, 1998.

Richard/L. Deah, Secretary
Department of Financial Institutions

BY: Nancy Shirie

of Financia, mulions of Wisconsider

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of