

**CORPORATE
ACCESS,
INC.**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICKUP 5/13/98 **FILED** 5/13/98
800002522737

☐ CERTIFIED COPY

☒ PHOTO COPY

CUS

☒ FILING

For. Qual

1.) Medisphere Health Partners of Florida, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

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*****70.00 *****70.00

RECEIVED
MAY 13 PM 1:51
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 13 PM 2:49
5/13

SPECIAL INSTRUCTIONS _____

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

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. MediSphere Health Partners of Florida, 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. Tennessee
(State or country under the law of which it is incorporated)
3. Applied for
(FEI number, if applicable)
4. May 6, 1998
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 6-1-98
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 3100 West End Avenue, Suite 630
Nashville, TN 37203
(Current mailing address)
8. Physician practice 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: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
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.

NRAI Services, Inc.
By: Charles A. Coyle
(Registered agent's signature)
Charles A. Coyle - Assistant Secretary

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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: William J. Hamburg

Address: 3100 West End Avenue, Suite 630
Nashville, TN 37203

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William J. Hamburg

Address: 3100 West End Avenue, Suite 630
Nashville, TN 37203

Vice President: Cynthia Dotson

Address: 3100 West End Avenue, Suite 630
Nashville, TN 37203

Vice President of Banking
and Secretary: Kevin P. Lavender

Address: 3100 West End Avenue, Suite 630
Nashville, TN 37203

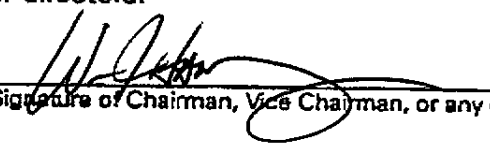
Treasurer: Kevin P. Lavender

Address: 3100 West End Avenue, Suite 630
Nashville, TN 37203

Asst. Secretary:
Wesley A. Brown
3100 West End Avenue,
Suite 630
Nashville, TN 37203

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.

William J. Hamburg, Director / President
(Typed or printed name and capacity of person signing application)

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Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

ISSUANCE DATE: 05/07/1998
REQUEST NUMBER: 98127146
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/06/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0350417
JURISDICTION: TENNESSEE

TO:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK STREET
SUITE 1800
NASHVILLE, TN 37238

REQUESTED BY:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK STREET
SUITE 1800
NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"MEDISPHERE HEALTH PARTNERS OF FLORIDA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/08/97

FROM:
HARWELL HOWARD HYNE GABBERT & MANNER
BX 2960 315 DEADRICK
1800 1ST AMER CTR
NASHVILLE, TN 37238-1800

RECEIVED: FEES \$50.00 \$50.00
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00002307708
ACCOUNT NUMBER: 00000511



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE