

Document Number Only

F98000003009

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

700002537817--8
-05/28/96--01001--020
*****70.00 *****70.00

Vector Health Systems, Inc.

95/28
98 MAY 27 AM 9:36
FILED
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DIVISION OF CORPORATIONS

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☒ Profit
☐ NonProfit
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☐ Change of R.A.

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

| |
|-------------------|
| Name Availability |
| Document Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

MAY 27 1998

Thanks,
Jeff

John First

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. Vector Healthsystems, 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. Rhode Island
(State or country under the law of which it is incorporated)
3. 05-0398659
(FEI number, if applicable)
4. February 18, 1982
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 405 Promenade Street, Providence, Rhode Island 02908
(Current mailing address)

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- To provide management and other services to health care organizations and to do any and all lawful
8. acts or activities permitted under Florida law
(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

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. _____

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

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**Rider To 1998 Application by Foreign Corporation
for Authorization to Transact Business in Florida**

VECTOR HEALTHSYSTEMS, INC.

DIRECTORS:

| <u>Name</u> | <u>Address</u> |
|----------------------|--|
| Michael Horsley | Alabama Hospital Association 500 N.E. Blvd. Montgomery, AL 36121 |
| Romolo Marsella, Jr. | Marsella Development One Citizens Plaza, Suite 810 Providence, RI 02903 |
| John J. Hynes | c/o Care New England Health Service 45 Willard Avenue Providence, RI 02905 |
| Gerald G. McClure | Vector Healthsystems, Inc. 405 Promenade Street Providence, RI 02908 |
| Charles R. Reppucci | Hinckley, Allen & Snyder 1500 Fleet Center Providence, RI 02903 |
| Stephen J. Saucier | Vector Healthsystems, Inc. 405 Promenade Street Providence, RI 02908 |

OFFICERS:

| | |
|--|--|
| Gerald G. McClure Chairman and Chief Executive Officer | Vector Healthsystems, Inc. 405 Promenade Street Providence, RI 02908 |
| Stephen J. Saucier President and Assistant Secretary | Vector Healthsystems, Inc. 405 Promenade Street Providence, RI 02908 |
| Michael S. Shaw Treasurer | Vector Healthsystems, Inc. 405 Promenade Street Providence, RI 02908 |

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John J. Hynes
Secretary

Vector Healthsystems, Inc.
405 Promenade Street
Providence, RI 02908

Charles R. Reppucci
Vice-Chairman

Hinckley, Allen & Snyder
1500 Fleet Center
Providence, RI 02903

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, **HEREBY CERTIFIES**, that

Vector Healthsystems, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the eighteenth day of February A.D., 1982; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this thirtieth
day of April A.D., 1998.

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James R. Langevin

Secretary of State

BY *Debra Antanelli*

Duly Authorized Agent
Secretary of State
Corporations Division

