

F98000003015

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400002538944--2

-05/28/98-01033-026

****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Coordinated Care Solutions, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RECEIVED
MAY 28 AM 10:58
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 28 PM 12:12

- ☒ Walk in ☒ Pick up time 5/28 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Examiner's Initials

**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. Coordinated Care Solutions, 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 corporation instead of a natural person or partnership if not so contained in the name
at present.)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 11, 1995 5. Perpetual
(Date of incorporation) (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. 155, F.S.)
7. 210 North University Drive, Suite 700
Coral Springs, FL 33071
(Current mailing address)
8. To engage in any lawful act or activity for which a corporation may be formed.
(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: United Corporate Services, Inc.
Office Address: 801 N.E. 167 Street, Suite 300
North Miami Beach, Florida, 33162
(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.

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

A. DIRECTORS

Chairman: Albert Waxman
Address: c/o Coordinated Care Solutions, Inc.
Address: 210 North University Drive, Suite 700
Coral Springs, FL 33071
Vice Chairman: _____
Address: _____
Director: Virginia M. Dollard
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071
Director: Jordan S. Davis
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071

B. OFFICERS

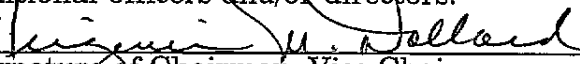
President: Virginia M. Dollard
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071
Vice President: Nancy Bachman
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071
Secretary: Nancy Bachman
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071

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Treasurer: Virginia M. Dollard
Address: c/o Coordinated Care Solutions, Inc.
210 North University Drive, Suite 700
Coral Springs, FL 33071

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. Virginia M. Dollard, President
(Typed or printed name and capacity of person signing application)

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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 "COORDINATED CARE SOLUTIONS, 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-SIXTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COORDINATED CARE SOLUTIONS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 1995.

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
98 MAY 28 PM 12:13




Edward J. Freel, Secretary of State

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AUTHENTICATION: 9100736

DATE: 05-26-98