TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: Health CARE Revenue Man (Name of corporate	ion - must include suffix)	
Dear Sir or Madam:	SUD[002526785 05/18/9801037005 ******78.75 ******78.
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		n corporation to
Please return all correspondence concerning this matter	er to the following:	W98-11349
Mr. John C. Bower (Name)	of Person)	
Healthcart Revenut 1.	Tonogement, mc.	
3500 W. Poterson AU	dress)	.
Chicago, IL 60059 (City/S	tate/Zin)	SECRETAR NISCONTAR 98 JUN
Should you need to call someone concerning this mat		PH PH
John Bower or David Horning at (773	3 463-7900	STATE 2:21
	ea Code & Daytime Telephone Numb	mtn (mtn
COURIER ADDRESS:	MAILING ADDRESS:	6/1
Qualification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Section Division of Corporations	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

409 E. Gaines St.

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 19, 1998

JOHN C. BOWER HEALTHCARE REVENUE MANAGEMENT, INC. 3500 W. PATERSON AVE. 3RD FL CHICAGO, IL 60659

SUBJECT: HEALTHCARE REVENUE MANAGEMENT, INC.

Ref. Number: W98000011349

We have received your document for HEALTHCARE REVENUE MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please insert the principle place of business address in number seven of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 998A00027812

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.

(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	1. Healthcart Revenus Management, inc.
natural person or partnership if not so contained in the name at present.) 2.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
2. Islamate (State or country under the law of which it is incorporated) 4. Islamate (Date of incorporation) 6. Islamate (Date of incorporation) 6. Islamate (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. Islamate (Current mailling address) 8. Islamate (Current mailling address) 8. Islamate (Current mailling address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Corporation Security (Corporation) Office Address: Islamate (Corporation) 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 a	
4. February 10, 1997 (Date of incorporation) 6. NONE (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. NONE (Current mailing address) 8. Accounts Kaceundle management socials inflored agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Carporation Success Carporation Particles Office Address: 1201 Hays 57. Inlinhasses 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	natural person or partnership it not so contained in the name at present.)
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in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	
and accept the obligations of my position as registered agent.	

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)	
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: Henry ShigeKANT	
Address: 4579 Aukai AUE	
Honolulu, HI 96816	
Vice Chairman:	
Address:	
Director: Juliana L. Sullivan	
Address: 3500 W. Poterson AUF., 3th Floor	
Chicago, IL (00/059	
Director: John C. Bower	
Address: 3500 W. Peterson AVE., 3th Floor	
Chicago, IL (d/659	DIVIS
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Juliana L. Sollivan	
Address: 3500 W. Poterson AUE., 300 Floor =	190 190
chiergo, It 60659	TATE
Vice President: Kurt G. Rittenburg	<u> </u>
Address: 3500 W. Poterfor AUF., 300 Floor	
Chicago, IL (a)(059	
VICE Fresident: Secretary: Bruce W. JACObs	
Address: 225 5. 16th AUS., SUNF 700	
Denver, CO 80203	
Treasurer/SECTATATY: John C. Bower	- 1- 11- 11-
Address: 3500 W. Poterson AUE., 3th Floor	
Chicago, IL (00659	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. A Color of the color of the approach is the approach is the additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	····
14. Chief Financial Officer / Secratary (Typed or printed name and capacity of person digning application)	

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE REVENUE MANAGEMENT, 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 SEVENTEENTH DAY OF APRIL, A.D. 1998.

AUTHENTICATION:

04-17-98

DATE:

2715515 8300 981142087