

F98000003118

CSC

THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 838606 4312752

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 1, 1998

ORDER TIME : 11:40 AM

ORDER NO. : 838606-065

CUSTOMER NO: 4312752

CUSTOMER: Kathy Ellison, Legal Assistant  
Shipman & Goodwin LLP  
1 American Row

Hartford, CT 06103

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FILED  
98 JUN -2 PM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
6/2

FOREIGN FILINGS

NAME: KELSON PHYSICIAN PARTNERS OF  
JACKSONVILLE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

RECEIVED  
98 JUN -2 PM 12:07  
DIVISION OF CORPORATION

**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. Kelson Physician Partners of Jacksonville, 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. Delaware  
(State or country under the law of which it is incorporated)
3. 06-1513783  
(FEI number, if applicable)
4. April 24, 1998  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. June 1, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 90 State House Square, 10th Floor  
Hartford, CT 06103  
(Current mailing address)
8. Provide medical management services  
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)  
  
Name: Corporation Service Company  
  
Office Address: 1201 Hayes Street  
  
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.*



(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)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: E. Harry Creasey

Address: 90 State House Square, 10th Floor

Hartford, CT 06103

Director: Jeffrey W. Kinell

Address: 90 State House Square, 10th Floor

Hartford, CT 06103

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: E. Harry Creasey

Address: 90 State House Square, 10th Floor

Hartford, CT 06103

Vice President: Jeffrey W. Kinell

Address: 90 State House Square, 10th Floor

Hartford, CT 06103

Secretary: Jeffrey W. Kinell

Address: 90 State House Square, 10th Floor

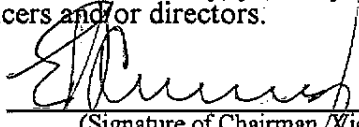
Hartford, CT 06103

Treasurer: Jeffrey W. Kinell

Address: 90 State House Square

Hartford, CT 06103

**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. E. Harry Creasey  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

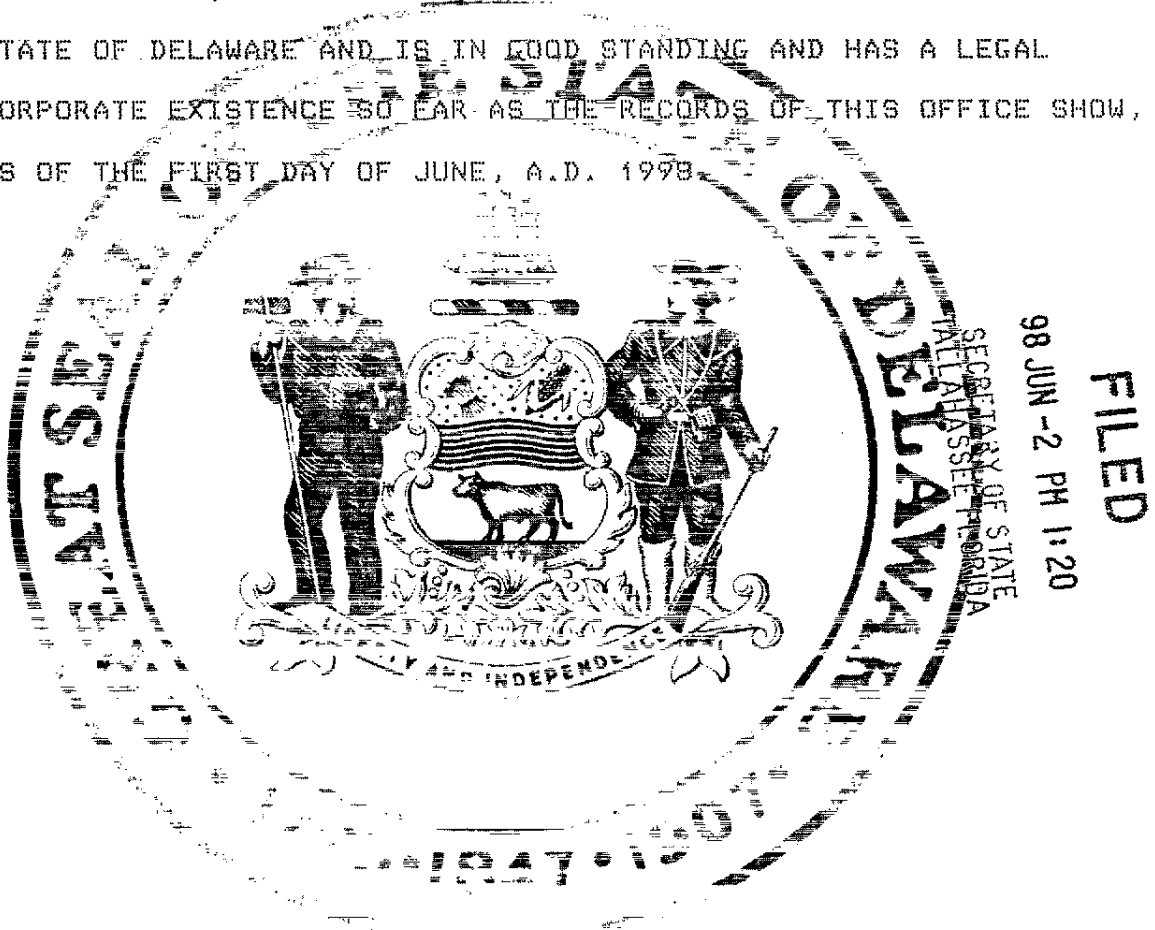
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*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELSON PHYSICIAN PARTNERS OF JACKSONVILLE, 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 FIRST DAY OF JUNE, A.D. 1998



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FILED



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9112655

DATE:

06-01-98