

F98000004329

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

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For. Qual.

1.) Pricare of Lake County, Inc.
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

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



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

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DIVISION OF CORPORATION

July 29, 1998

CORPORATE ACCESS, INC.

SUBJECT: PRICARE OF LAKE COUNTY, INC.
Ref. Number: W98000017217

We have received your document for PRICARE OF LAKE COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 198A00039839

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DIVISION OF CORPORATIONS

*Corrected
7/29/98
[Signature]*

**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. Pricare of Lake County, 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. July 24, 1998

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 105 Westwood Place, Suite 200

Brentwood, Tennessee 37027

(Current mailing address)

8. Management of physician practice

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael W. Barton

Address: 105 Westwood Place, Suite 200

Brentwood, Tennessee 37027

Director: Harold D. Simpson

Address: 105 Westwood Place, Suite 200

Brentwood, Tennessee 37027

B. OFFICERS

President: Michael W. Barton

Address: 105 Westwood Place, Suite 200

Brentwood, Tennessee 37027

Vice President: _____

Address: _____

Secretary: Harold D. Simpson

Address: 105 Westwood Place, Suite 200

Brentwood, Tennessee 37027

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Harold D. Simpson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Harold D. Simpson, Secretary

(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: 07/28/1998
REQUEST NUMBER: 98209113
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/24/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0354753
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

"PRICARE OF LAKE COUNTY, 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: 07/27/98

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

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002343576
ACCOUNT NUMBER: 00000511



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE