THE UNITED STATES **CORPORATION**

ACCOUNT NO. : 07210000032

REFERENCE :

998752

AUTHORIZATION

3487A

COST LIMIT : \$ 122.50

ORDER DATE : July 29, 1998

ORDER TIME : 2:13 PM

ORDER NO. : 908752-010

CUSTOMER NO: 3487A

000002602030--5

CUSTOMER: Ms. Laurie Wright

Icard Merrill Cullis Timm 2033 Main Street, Suite 101

P. O. Drawer 4195 Sarasota, FL 34237

FOREIGN FILINGS

NAME: HEALTHCORP, INC.

4nth 7/29

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

<u>લ્</u>યુ: 50

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:

Tellifessee	<u> </u>	362-1304718	
Tennessee Same or country under the law		(FEI number, if applicable)	
January 20, 1987	5. Perpe	tual on: Year corp. will cease to exist	"Jeuremed" 10
(Date of incorporation)			
Upon qualification w	ith the Secretary of S	tate	r 86
735 Broad Street, Su	ite 900 , James Buil	<u>ding</u>	% % % ? ? ? ? ? ? ? ? ? ?
Chattanooga, TN, 374	02		
{C	urrent mailing address)		S S S S S S
	to the a managed name	or for a Florida limited	
Corporation is going	to be a general part.	er for a Florida limited ountry to be carried out in the st	am of Florida)
(Purpose(s) of corporation			
Name and street add	ress of Florida registe	red agent:	
	Icard, Merrill, Cull	is, Timm, Furen & Ginsbu	rg, P.A.
Name: _	Attention: Charles	D. Bartrece, Hagarre	
Office Address: _	2033 Main St., Ste.	600	
	Sarasota	, Florida ,	34237
		_ / [[0] [0] [(Zip Code)

Charles J. Bartlett, Esquire

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.

of all statutes relative to the proper and complete performance of my duties, and I am familiar

Icard, Merrill, Gullis, Timm, Furen & Ginsburg, P.A.

(Registered agent's signature)

with and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRE	CTORS (Street address only- P. O . Box NOT acce	ptab	10)
Chairman:	T. Farrell Hayes		
Address:	735 Broad Street, Suite 900, James Building		
	Chattanooga, TN 37402		
Vice Chair	man: N/A		
Address: _			
-			
Director:	T. Farrell Hayes (ONLY DIRECTOR)		
Address:	735 Broad Street, Suite 900, James Building		
	Chattanooga, TN, 37402		
Director:	N/A		
Address: _		- 93	<u> </u>
-		_ _	200 200 200
B.OFFICERS	(Street address only- P. O. Box NOT acceptable)	52	
	Roger W. Glass	9	3
Address:	735 Broad Street, Suite 900, James Building	_દ _દ્ય_	35. 25. 25.
	Chattanooga, TN, 37402	<u> </u>	<u> </u>
Vice Presid	dent: N/A		
Address: _	735 Broad Street, Suite 900		
	Chattanooga, TN, 37402		
Secretary:	Kim G. Geselbracht		
Address:	735 Broad Street, Suite 900, James Building		
	Chattanooga, TN, 37402		
Treasurer:	N/A		
Address:			
13. (Signa	necessary, you may attach an addendum to the applicational officers and/or directors. Attack of Chairman Vice Chairman, or any officer listed in 12 of the application)		
	rrell Hayes, Chairman & CEO	11	

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 07/01/1998 REQUEST NUMBER: 98182107 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/20/1987 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0183460 JURISDICTION: TENNESSEE

TO: THE SEARCH IS ON PO BOX 120598 NASHVILLE, TN 3 7212 REQUESTED BY: THE SEARCH IS ON PO BOX 120598

NASHVILLE, TN 37212

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"HEALTHCORP, 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 THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

DIVISIONE TABLE PH 3: 50

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/01/98

RECEIVED: S

\$120.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$120.00

RECEIPT NUMBER: 00002332647 ACCOUNT NUMBER: 00000499

AGRICULTURE DE

TSIO (BOX 120598) P. O. BOX 120598

NASHVILLE, TN 37212-0000

FROM:

RILEY C. DARNELL SECRETARY OF STATE

SS-4458