

Document Number Only

F98000004455

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

FILED  
98 AUG -5 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mariner Physician Services, Inc.

900002608849--3

08/05/98 01006-011  
\*\*\*2437.50 \*\*\*2437.50

☒ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☒ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

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DIVISION OF CORPORATION

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W.P. Verifier

AUG 05 1998

Thanks,  
Jeff

2/2 8/5/98

**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

In compliance with §607.1503, FLORIDA STATUTES, the following is submitted to Register a FOREIGN CORPORATION TO TRANSACT BUSINESS in the State of Florida:

1. **MARINER PHYSICIAN SERVICES, INC.**

(Name of Corporation adding the word "INCORPORATED", "COMPANY" OR "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 is incorporated)

3. **061423565**

(F.E.I Number, if applicable)

4. **APRIL 27, 1995**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corporation will cease to exist or "Perpetual")

6. **1/1/96**

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

7. **125 EUGENE O'NEILL DRIVE, NEW LONDON, CT 06320**

(Current Mailing Address; please include city, state & zip code)

8. **ANY LAWFUL BUSINESS**

(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: **CORPORATION TRUST SYSTEM**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

**PLANTATION**

**, FLORIDA**

**33324**

(Zip Code)

10. **REGISTERED AGENT'S ACCEPTANCE:** Having been named as the 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.

Connie Bryan  
Registered Agent

(Signature)

Date: August 5<sup>th</sup>, 1998

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of the state or country in which it is incorporated.

12. **NAME OF DIRECTORS and/or OFFICERS:**

A. **DIRECTORS:**

Director: **ARTHUR W. STRATTON, JR., MD**

Address: **125 EUGENE O'NEILL DRIVE**

**NEW LONDON, CT 06320**

Director: **DAVID N. HANSON**

Address: **125 EUGENE O'NEILL DRIVE**

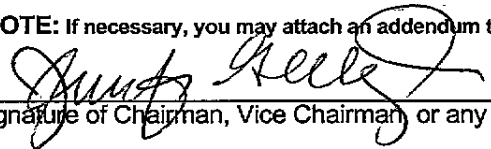
**NEW LONDON, CT 06320**

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TALLAHASSEE, FLORIDA

**B. OFFICERS:**

President: ARTHUR W. STRATTON, JR., MD  
Address: 1881 WORCESTER RD  
FRAMINGHAM, MA 01701  
Vice President: JENNIFER B. GALLAGHER  
Address: 1881 WORCESTER RD  
FRAMINGHAM, MA 01701  
Treasurer: DAVID N. HANSON  
Address: 1881 WORCESTER RD  
FRAMINGHAM, MA 01701  
Secretary: ALISON GILLIGAN  
Address: 1881 WORCESTER RD  
FRAMINGHAM, MA 01701

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

13.  Date: August 4, 1998.  
(Signature of Chairman, Vice Chairman, or any Officer listed in #12)

14. Jennifer B. Gallagher, Vice President

(Print or type Name and Title of person signing this application)

MIAMI\JOHNSONS\972589\k%gd011.DOC/8/04/98

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TALLAHASSEE, FLORIDA

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 "MARINER PHYSICIAN SERVICES, 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 THIRTIETH DAY OF JULY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARINER PHYSICIAN SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2502420 8300

981297047

AUTHENTICATION: 9225730

DATE: 07-30-98