Document Number Only 15/2 C T CORPORATION SYSTEM 660 East Jefferson Street Requestor's Name Tallahassee, Florida 32301 900002813649__8 Address -03/22/99--01061--031 *****70.00 *****70.00 (850) 222-1092 Phone State Zip City CORPORATION(S) NAME = **₩** Profit () Merger () Amendment NonProfit) Limited Liability Company () Mark () Dissolution/Withdrawal Foreign Other () Annual Report () Limited Partnership Change of R.A. () Reinstatement () Fict. Filing) UCC-1 UCC-3 () <u>Limited Liability Partnership</u> () CUŜ () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Cail When Ready Pick Up () Will Wait Walk In () Maii Out Please Return Extra Copy(s) Name Filed Stamp Availability Thanks, Melanie 🚫 Document MAR 22 man Examiner Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.

ī	Triage, Inc.		<u> </u>	<u> </u>	·	
,	(Name of corporation: must include the word "INCOR words or abbreviations of like import in language as venatural person or partnership if not so contained in the	vill clearly ind	icate that it is	", "CORPOR a corporation	ATION", instead o	or fa
2.	Commonwealth of Pennsylvania	3	23-705	895 <u>1</u>		
	(State or country under the law of which it is incorpor	ated)	(FEI	number, if app	licable)	
4	February 21, 19785		petual	<u></u>		
	(Date of incorporation)	(Duration:	Year corp. wi	Il cease to exis	st or "perp	etual")
6.,	In the near future			<u></u>		-
	(Date first transacted business in Florida. (SEE S	SECTIONS 60	7.1501, 607.	1502, and 817	.£.S. گئ	Es
7.	333 Jenkintown Commons			.=	9 14	SC
7.	Jenkintown, Pennsylvania 190)46		- <u>-</u> -	îR 20	
	(Curre	ent mailing ad	iress)	-	P	
8	Paratransit business.			=-	••	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Elorida)					
9.	Name and street address of Florida registered age	ent: (P.O. Bo	x or Mail Dr	op Box <u>NOT</u>	acceptab	le)
	Name: <u>c t corporation system</u>	 .		-5 ·		٠
Of:	fice Address: 1200 South Pine Island Road					
	Plantation	, Florida	33324 (Zip code)			-
10	. Registered agent acceptance:					
in co	aving been named as registered agent and to accept servi this application. I hereby accept the appointment as reg amply with the provisions of all statutes relative to the pro ad accept the obligation of my position as registered agen	istered agent a oper and comp	nd agree to ac	t in this capaci	ty. I furth	er agree to
	Kore a Behler KORRIA, BEHLER					
	(Registered agent's	signature)		al Assistant		

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 !

(FL019 - 4/23/98)

of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box	k NOT acco	eptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	_	
Chairman: n/a		
Address:		
Vice Chairman: n/a	_	
Address:		
Addioss.		
Director: Terry A. Marinello	-	
Address: 333 Jenkintown Commons, Jenkintown, PA 19046		
Address.		
Director: Brian D. Somerman	=	O serior
222 Tarkintown Commons Tonkintown PA 19046		SEC VISE 991
Address: 333 Jenkintown Commons, Jenkintown, FA 19040		8 8
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	_	8
President: Terry A. Marinello	<u> = </u>	
Address: 333 Jenkintown Commons, Jenkintown, PA 19046		
Vice President: /Secretary/Treasurer. Brian D. Somerman	-	,
7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Address: 333 Jenkintown Commons, Jenkintown, PA 19046		
*Saeremayx		
**Arddress:		
XBroasoner	· · · · · · · · · · · · · · · · · · ·	***************************************
xAddress:		
	-	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and	Vor directors.
13. — — — — — — — — — — — — — — — — — — —	. 12 of the -	annlication)
(Signature of Chairman, Vice Chairman, or any officer listed in number		ррисанону
14. Brian D. Somerman, Vice President (Typed or printed name and capacity of person signing applicate	ion)	<u> </u>

COMMONWEALTH OF PENNSYLVAN A

DEPARTMENT OF STATE

MARCH 18, 1999_

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TRIAGE, _INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

SECHETAND THE SECRETARY OF THE SECRETARY

ACTING

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS