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THE UNITED STATES **CORPORATION** 072100000032 ACCOUNT NO. : REFERENCE 185659 _ 4324989 AUTHORIZATION COST LIMIT : \$ PREPAID ORDER DATE: March 26, 1999 100002822071---03/23/39--01114--003 ORDER TIME : 12:11 PM *****70.00 *****70.00 ORDER NO. _: 185659-005 CUSTOMER NO: 4324989 CUSTOMER: Tom Pascoe, Legal Asst Stradling, Yocca, Carlson & 660 Newport Center Drive Ste. 1600 Newport Beach, CA 92660 FOREIGN FILINGS NAME: HOSPITALISTS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY DIVISION OF CORPORATION ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: JEANINE REYNOLDS

TRANSMITTAL LETTER

To:	-	ration/Tax Lien Section of Corporations					
SUBJI	ECT:	HOSPITALISTS, IN	IC	= :	:		
			oration - must include suffix)	·=			
Dear S	Sir or Madam:						
"Certif		cation by Foreign Corporation nce", and check are submitted a Florida.					
Please	return all corre	espondence concerning this m	natter to the following:	 			
		Thomas W. Pascoe		- 	-		
			ne of Person)				
	;	Stradling Yocca Carlso	n & Rauth	-			
	(Firm/Company)			 .	n nga sagangan sa		
		660 Newport Center Dri	ve. Suite 1600				
	<u></u> -		Address)	-			
	ì	Newport Beach, CA 926	60	 	= .		
			y/State/Zip)	7	92		
		all someone concerning this r	~		SECRETARY OF WISHON DE CENEFO		
T	homas W. Pas (Name of Pe				—> ুর্		
	(rame or re	15011) (29	rea Code & Daytime Teleph	ione Number)	TIONS		
STRE	ET ADDRESS	S:	MAILING ADDRES	SS: . []			
Divisio 409 E.	ication/Tax Lie on of Corporati Gaines St. assee, FL 3239	ons	Qualification/Tax Lie Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons =	". <u>.</u>		
Enclos	ed is a check for	or the following amount:		 			
× (\$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Fil Certificat Certified	te of Status &		

CERTIFICATE OF SECRETARY

The undersigned, Nancy L. Milby, Secretary of Hospitalists, Inc., a corporation duly organized under the laws of the state of Delaware, does hereby certify that the following is a true and correct copy of a resolution adopted by unanimous written consent of the Board of Directors of said corporation on Feb 13, 1999.

"WHEREAS, this Corporation desires to qualify to transact business in the State of Florida as a foreign corporation; and

WHEREAS, this Board of Directors has been advised that the name of this Corporation is not available for corporate use in the State of Florida.

NOW, THEREFORE, BE IT RESOLVED, that this Corporation adopt the alternate name "Delaware Hospitalists, Inc." for use in transacting business in the State of Florida pursuant to Section 607.1506 of the Florida Business Corporation Act; and

RESOLVED FURTHER, that the officers of the Corporation be, and each of them hereby is, authorized, directed and empowered on behalf of the Corporation and in its name to cause any and all required documents to be prepared, executed, and filed so that this Corporation may obtain a Certificate of Authority pursuant to the Florida Business Corporation Act, and to cause this Corporation to use the said alternate name in the transaction of business in the State of Florida."

Nancy L. Milby, Secretary

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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. Hospitalists, 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	3. <u>3</u>	3-0727542						
(State or country under the law of wh	ich it is incorporated)	(FEI number, if a	pplicable)					
4. <u>October 14, 1997</u>	5. Perpetual	<u> </u>	7700					
(Date of incorporation)	(Duration: Yea	ar corp. will cease to ex	cist or "perpetual")					
6. <u>March 1, 1999</u>			· · · · · · · · · · · · · · · · · · · ·					
(Date first transacted business	in Florida.) (SEE SECTIONS 607.15	01, 607.1502 and 817.	15 <u>5</u> , F.S.)					
7. 23421 South Pointe Dr	ive, Suite 260							
Laguna Hills, CA 926	53							
	(Current mailing address)							
			99	کے				
8. Management of hospita	l physicians		Florida)	25				
(Purpose(s) of corporation aut	horized in home state or country to be	e carried out in state of	Florida)	AT				
9. Name and street address of Flo	rida registered agent: (P.O. Bo	x or Mail Drop Box]	NOT acceptable)					
Name: <u>Corporation</u>	Service Company			35 S ≥: S				
Office Address: 1201 Hays S	treet	-	% ₩ ₩	TE TE				
Tallahassee	,Fl	·	=					
		(Zip cod)						
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 designate in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to c mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a cept the obligations of my position as registered agent.

Dellarah W. Skipper as a gent.
(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.

DIRECTORS (Street address only - P.O. Box NOT accomairman: See attached Addendum		•
		
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ce Chairman:		
idress:	_	
iutess.		
rector:	<u></u>	
idress:		
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rector:		
ddress:		
OFFICERS (Street address only - P.O. Box NOT	'acceptable)	
esident: See attached Addendum		
		.
ddress:	·	
	-	X 200
ice President:		29 - 구
.ddress:		<u> </u>
		5. STATE
		S 00 m
ecretary:		
Address:		
reasurer:		
Address:	5.5	
NOTE: If necessary, you may attach an addendum to the		
	ippucation using auditional officers and officers.	•
3. Manay A. Mille	or any officer listed in number 12 of the application)	
()	" mil ottions more in manner on or me Albandary	
4. Nancy L. Milby, Secretary	and capacity of person signing application)	

ADDENDUM TO APPLICATION BY FOREIGN CORPORATION TO TRANSACT BUSINESS IN FLORIDA

OF

DELAWARE HOSPITALISTS, INC.

List of Directors and Officers

Directors

<u>Name</u>	Business Address	·· -		
Michael B. Brouthers	23421 South Pointe Drive, Suite 260, Laguna Hills, CA 92653			
Robert Erra	23421 South Pointe Drive, Su	ite 260, Laguna Hills, CA 92653		
Andrew Fishmann, M.D.	23421 South Pointe Drive, Suite 260, Laguna Hills, CA 92653			
Eugene Hill	23421 South Pointe Drive, Suite 260, Laguna Hills, CA 92653			
Barbara Lubash	23421 South Pointe Drive, Suite 260, Laguna Hills, CA 92653			
Donald Milder	23421 South Pointe Drive, Suite 260, Laguna Hills, CA 92653			
Michael Rovzar, M.D.	23421 South Pointe Drive, Su	nite 260, Laguna Hills, CA 92653		
Officers	ı	99 MAR 29		
Officer	Name	Business Address P		
President and Chief Executive Officer	Michael B. Brouthers	23421 South Pointe Drive, Suite 260 Z		
Chief Medical Officer	Michael Rovzar, M.D.	23421 South Pointe Drive, Suite 260 Laguna Hills, CA <u>9</u> 2653		
Vice President, Operations and Chief Information Officer	William Haffey, Ph.D.	23421 South Pointe Drive, Suite 260 Laguna Hills, CA 92653		
Vice President, Network Development	Ronald Greeno, M.D.	23421 South Pointe Drive, Suite 260 Laguna Hills, CA 92653		
Vice President, Finance, Chief Financial Officer and Secretary	Nancy L. Milby	23421 South Pointe Drive, Suite 260 Laguna Hills, CA 92653		

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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOSPITALISTS, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN TILED TO DATE.

AND INDEPENDENCE.

AND INDEPENDENCE.



Edward J. Freel, Secretary of State

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AUTHENTICATION:

03-25-99

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