

F9900000200

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PHC Practice Management Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pam Rubin, Legal Dept.
(Name of Person)

400002829414--4
-04/05/99--01114--003
*****78.75 *****78.75

Paracelsus Healthcare Corp.
(Firm/Company)

W99-8107

515 W. Greens Road, 8th Floor
(Address)

Houston TX 77087
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Pam Rubin at (281) 774-5194
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. PHC Practice Management Corporation
(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. Texas
(State or country under the law of which it is incorporated)
3. 76-0348315
(FEI number, if applicable)
4. 6-18-91
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. As soon as Application by Foreign Corporation approved.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 515 West Greens Road
Houston, TX 77067
(Current mailing address)
8. Medical Management Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Tallahassee, Florida, 33324
(Zip code)

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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.

C T Corporation System

E. A. Wallace

(Registered agent's signature)

Asst. 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.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: See Attached Addendum

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See Attached Addendum

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Stephan S. Miskin
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Suzanne S. Miskin, Vice President and Assistant Secretary
(Typed or printed name and capacity of person signing application)

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

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Charles R. Miller
515 W. Greens Road
Houston, TX 77067

James G. VanDevender
515 W. Greens Road
Houston, TX 77067

Ronald R. Patterson
515 W. Green Road
Houston, TX 77067

B. OFFICERS

Gary Chandler
515 W. Greens Road
Houston, T X 77067

President

James G. VanDevender
515 W. Greens Road
Houston, TX 77067

Vice President, Secretary and
Chief Financial Officer

Ronald R. Patterson
515 W. Greens Road
Houston, TX 77067

Vice President

Deborah H. Frankovich
515 W. Greens Road
Houston, TX 77067

Vice President, Treasurer and
Assistant Secretary

Suzanne S. Miskin
515 W. Greens Road
Houston, TX 77067

Vice President and Assistant Secretary

Larry Humphrey
515 W. Greens Road
Houston, TX 77067

Vice President and Assistant Secretary

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The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

PHC PRACTICE MANAGEMENT CORPORATION
File No. 1196714

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.

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*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on March 10, 1999.*



Elton Bomer
Secretary of State

BAM