

# F99000002046

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: 0101A LENOX HEALTHCARE, INC.  
LENOX SERVICES, INC.

(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:

THOMAS A. SHEPARD

(Name of Person)

LENOX HEALTHCARE, INC.

(Firm/Company)

10790 HAMMERLY BLVD.

(Address)

HOUSTON, TX. 77043

(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 20 AM 8:58  
12421

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

700002844617--0

-04/20/99-01027-005

\*\*\*\*\*87.50 \*\*\*\*\*87.50

THOMAS A. SHEPARD

(Name of Person)

at ( 713 ) 972-3472

(Area Code & Daytime Telephone Number)

### 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

UNANIMOUS WRITTEN CONSENT OF THE  
BOARD OF DIRECTORS OF  
LENOX HEALTHCARE, INC.

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DIVISION OF CORPORATIONS  
99 APR 20 AM 8:59

Pursuant to Section 14-2-821 of the Georgia Business Corporation Code, the undersigned, being all of the remaining directors of Lenox Healthcare, Inc., a Georgia corporation (the "Corporation"), do hereby waive notice of a meeting and do hereby approve, adopt and ratify the following actions and resolutions in lieu of a meeting of the Board of Directors of the Corporation:

WHEREAS, the Corporation is in the process of qualifying to do business in Florida;

WHEREAS, the Corporation desires to conduct business in Florida under the name "Lenox Services Inc.";

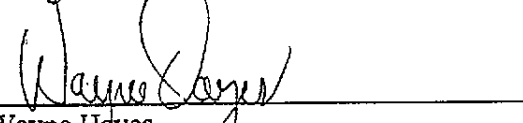
NOW, THEREFORE, BE IT RESOLVED, that the Corporation be and it is hereby authorized to conduct business in the state of Florida under the name "Lenox Services Inc.";

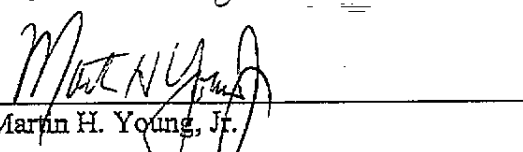
RESOLVED, FURTHER, that the officers of the Corporation, or any of them, are hereby authorized, empowered and directed for and on behalf of the Corporation to make, execute, file and deliver, or cause to be made, executed, filed and delivered, any and all agreements and other instruments in the name and on behalf of the Corporation as such officer may deem necessary or desirable in carrying out the intent of the previous resolutions; and

RESOLVED, FURTHER, that any and all such other actions heretofore taken by the officers and directors of the Corporation with respect to the foregoing resolutions are hereby ratified, confirmed and approved.

IN WITNESS WHEREOF, the undersigned have duly executed this Unanimous Written  
Consent effective as of the 1<sup>ST</sup> day of January, 1999.

  
George Dexter Morris

  
Wayne Hayes

  
Martin H. Young, Jr.

**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. LENEX Healthcare, 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. GEORGIA

(State or country under the law of which it is incorporated)

3. 58-2410369

(FEI number, if applicable)

4. 8/19/98

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JAN. 1, 1999

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

7. 10790 HAMMERLY BLVD.

HOUSTON, TX. 77043

(Current mailing address)

8. DRUG TESTING/ADMINISTRATION and MEDICAL REVIEW OFFICER (MRO) 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(Zip code)

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.*

E.A. Wallace

(Registered agent's signature)

E.A. Wallace, 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)

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

Chairman: GEORGE DEXTER MORRIS

Address: 10790 HAMMERLY BLVD.

HOUSTON, TX. 77043

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MARTIN H. YOUNG

Address: FIVE POST OAK PARK, #1400

HOUSTON, TX 77027

Director: WAYNE HAYES

Address: 10790 HAMMERLY BLVD.

HOUSTON, TX 77043

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

President: MAUREEN KOSIBA

Address: 311 SILVER CREEK RUN

LAWRENCEVILLE, GA. 30044

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: THOMAS A. SHEPHARD

Address: 10790 HAMMERLY BLVD.

HOUSTON, TX. 77043

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

13. THAS

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. THOMAS A. SHEPHARD TREASURER / CHIEF FINANCIAL OFFICER

(Typed or printed name and capacity of person signing application)

# Secretary of State

Corporations Division  
315 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90130763  
CONTROL NUMBER : K831060  
DATE INC/AUTH/FILED: 08/19/1998  
JURISDICTION : GEORGIA  
PRINT DATE : 01/13/1999  
FORM NUMBER : 211

LENOX HEALTHCARE, INC.  
THOMAS A. SHEPHERD  
10750 HAMMERLY BLVD.  
HOUSTON TX 77043

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## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### LENOX HEALTHCARE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



CATHY COX  
SECRETARY OF STATE

