

F990000002121



ACCOUNT NO. : 072100000032

REFERENCE : 192048 - 7178550

AUTHORIZATION :

Patricia Puyate

COST LIMIT : \$ 70.00

ORDER DATE : April 1, 1999

ORDER TIME : 9:17 AM

100002827831--4

ORDER NO. : 192048-005

W99-7955

CUSTOMER NO: 7178550

CUSTOMER: Mr. Ron P. Adams
Hoopes And Adams Plc
1921 South Alma School Rd 307

Mesa, AZ 85210

FOREIGN FILINGS

NAME: CAREBRIDGE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -2 AM 10:15

mtm
4/26

RECEIVED
DIVISION OF CORPORATION
99 APR -2 AM 10:44



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 2, 1999

CSC

SUBJECT: CAREBRIDGE, INC.
Ref. Number: W99000007955

RESUBMIT

Please give original
document to file date as file date.

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 199A00016833

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99 APR 26 AM 9:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

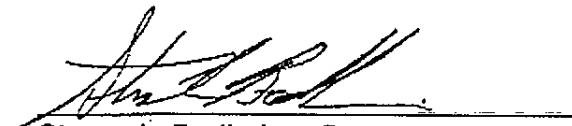
99 MAR -2 AM 10:15

Resolution of Board of Directors

I, Steven L. Bodhaine, the undersigned Secretary of CareBridge, Inc., do hereby certify that this resolution of Board of Directors of CareBridge, Inc., a corporation duly organized and existing under the laws of the State of Arizona, was adopted on April 5, 1999:

BE IT RESOLVED that CareBridge, Inc., a corporation organized and existing under the laws of the State of Arizona, hereby adopts the name CareBridge Hospitalists, Inc. for use in the State of Florida.

DATED April 22, 1999.


Steven L. Bodhaine, Secretary

93 MAR -2 AM 10:15

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. CAREBRIDGE, 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. ARIZONA
(State or country under the law of which it is incorporated)
3. Tax I.D. 86-094-5888
(FEI number, if applicable)
4. February 22, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 1999
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 7150 East Camelback Road, Suite 300
Scottsdale, Arizona 85251
(Current mailing address)
8. Providing Health Care Services
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(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.

By: Corporation Service Company
Aaren B. Katz
(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.

Received Time Mar. 3. 10:23AM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -2 AM 10:05

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: Michael P. Newcomb

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

Vice Chairman: _____

Address: _____

Director: Steven L. Bodhaine

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

Director: _____

Address: _____

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

CEO: Michael P. Newcomb

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

President: Steven L. Bodhaine

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

Secretary: Steven Bodhaine

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

Treasurer: Michael P. Newcomb

Address: 7150 E. Camelback Road, Suite 300
Scottsdale, Arizona 85251

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

13. _____

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

14. _____

MICHAEL P. NEWCOMB, CEO

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

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
99 MAR -2 AM 10:15

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

To all to whom these presents shall come, greeting:

I, Stuart R. Brackney, Acting Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****CAREBRIDGE, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on February 22, 1999.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

*IN WITNESS WHEREOF, I have hereunto
set my hand and affixed the official seal
of the Arizona Corporation Commission.
Done at Phoenix, the Capitol, this
17th day of March, 1999, A. D.*



Stuart R. Brackney

Acting Executive Secretary

BY: *Robert M. [Signature]*

FILED
SECRETARY OF STATE
MAR-22-1999
PHOENIX, ARIZONA