# F99000002456

### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations						
SUBJECT: PHYSICIAN HEALTH CORPOR	<del></del>	199-10659				
(Name of corporation - must in	nclude suffix)					
Dear Sir or Madam: 00189 -00310 - 00491						
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence", and check are submitted to register the to transact business in Florida.	tion to Transact Busing above referenced for	eign corporation				
Please return all correspondence concerning this matter to the fol	lowing:	SECR VISION				
DARCIE A. DEUPREE ESQ (Name of Person)		FILI V 12				
PHYSICIAN HEACTH CORPORATION (Firm/Company)	-on	OF STATE OR AM 8: 39				
990 HAMMOND DREVE, SUIT	e 300					
ATLANTA, GA 30328						
(City/State/Zip)						
200028615423 -05/04/9901036003 Should you need to call someone concerning this matter, please call:  *****70.00 ******70.00						
	5-16-58	-				
(Name of Person) (Area Code & D	aytime Telephone Nu	· 1				
STREET ADDRESS: MAILI	NG ADDRESS:	Availability  Document Examiner  Updater				
Division of Corporations  409 E. Gaines St.  Division P.O. Bo	cation/Tax Lien Section of Corporations can be seen as a seen of the section of t					
Enclosed is a check for the following amount:		_				
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Certifies	d Copy	7.50 Filing Fee, Ertificate of Status & Certified Copy				



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 6, 1999

DARCIE A. DEUPREE, ESQ. 990 HAMMOND DRIVE, SUITE 300 ATLANTA, GA 30328

SUBJECT: PHYSICIAN HEALTH CORPORATION

Ref. Number: W99000010659

We have received your document for PHYSICIAN HEALTH CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 699A00024828

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

	99 MAY 12 Arry do hereby certify do hereby certify
I, the undersigned SARAH C. GARVIN (Name)	do hereby certify
that this Resolution of the Board of Directors of	
PHYSTCIAN HEALTH CORPORATION (Corporate Name)	- <u></u> - <u></u> 
a corporation duly organized and existing under the laws of the State of Decree	Darc,
was duly adopted on MAY 10	, 19 99 .
Be it resolved, that PHYSICIAN HEACTH COEPORATION (Corporate Name)	,
organized and existing in the State of DECAWARE, hereby	adopts the name
PHC PHYSICIAN HEACTH CORPORATION	for use in Florida.
Dated: MAY 10, 1999	=
Signature of either Chairman, Vice Chairman or any officer	- - - - -
SARAH C. GARVIN, CEO & Chairman	

INHS19(4/96)

## 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. Physician Peans 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. Decamale 3. 58-21999 47  (State or country under the law of which it is incorporated) (FEI number, if applicable)  4. Aug. 29 1995 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. 1/1/99 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO Hammond Dr. Sutte 300 500 1000 1000 1000 1000 1000 1000 1
natural person or partnership if not so contained in the name at present.)  2. DELAWARE (State or country under the law of which it is incorporated)  4. Aug. 29, 1995 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. Under first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMAND DR. Suttre 300  ATLANTA CA 30328 (Current mailing address)  8. PHYSTCIAN Practice Management (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: Shamus Hout  Office Address: 388 S Cakuater Circle  Orlando  Florida, 32806
2. DELAWALE. (State or country under the law of which it is incorporated)  4. Aug. 29, 1995 (Date of incorporation)  6. Martin (Date of incorporation)  7. QGO HAMMAND DR. Surre 300  ATLANTA, CA 30388 (Current mailing address)  8. PHYSTCIAN Prochice Management (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: SHAMOS HOCT  Office Address: 388 S Calwaler Circle  Orlando , Florida, 32806
(State or country under the law of which it is incorporated)  4. Aug. 29 1995 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. 1/1199 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA CA 30308 (Current mailing address)  8. PHYSICIAN Practice Management (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: Shamus Hout  Office Address: 3885 Oakweker Circle
(State or country under the law of which it is incorporated)  4. Aug. 29 1995 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. 1/1199 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA CA 30308 (Current mailing address)  8. PHYSICIAN Practice Management (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: Shamus Hout  Office Address: 3885 Oakweker Circle
(State or country under the law of which it is incorporated)  4. Aug. 29 1995 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. 1/1199 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA CA 30308 (Current mailing address)  8. PHYSICIAN Practice Management (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: Shamus Hout  Office Address: 3885 Oakweker Circle
4. Aug. 29, 1995 (Date of incorporation) (Date of incorporation)  6. III 99 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMAND De. Sutte 300  ATLANTA CA 30338 (Current mailing address)  8. PHYSTCTAN Practice Management (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: SHAMUS HOCT  Orlando  Florida, 32806
6. Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA GA 30308  (Current mailing address)  8. PHYSTCIAN Practice Management (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: Shamus Hout  Office Address: 3885 Oakustor Circle  Orlando , Florida, 32806
6. Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA GA 30308  (Current mailing address)  8. PHYSTCIAN Practice Management (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: Shamus Hout  Office Address: 3885 Oakustor Circle  Orlando , Florida, 32806
Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA CA 30308  (Current mailing address)  8. PHYSTCTAN Practice. Management (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: Shamus Hoct  Office Address: 3885 Cakueter Circle
Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. QGO HAMMOND Dr. Sutte 300  ATLANTA CA 30308  (Current mailing address)  8. PHYSTCTAN Practice. Management (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: Shamus Hoct  Office Address: 3885 Cakueter Circle
7. QGO HAMMAND DR. SUETE 300  ATLANTA GA 30388  (Current mailing address)  8. PHYSTCIAN Practice Management (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: Shamus Hort  Office Address: 3885 Oakweler Circle  Orlando , Florida, 32806
ATLANTA CA 30388  (Current mailing address)  8. PHYSTCTAN Practice Management (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: Shamus Hort  Office Address: 3885 Cakweter Circle  Orlando , Florida, 32806
8. PHYSTCIAN Practice Management (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: Shamus Hort  Office Address: 3885 Oakweler Circle  Orlando , Florida, 32806
8. PHYSTCIAN Practice Management (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: Shamus Hort  Office Address: 3885 Oakweler Circle  Orlando , Florida, 32806
8. PHYSTCIAN Practice Management (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: Shamus Hort  Office Address: 3885 Oakweler Circle  Orlando , Florida, 32806
8. PHYSTCIAN Practice Management (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: Shames Hort  Office Address: 3885 Cakueter Circle  Orlando , Florida, 32806
(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: Shames How  Office Address: 3885 Cakueter Circle  Orlando, Florida, 32806
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Sharros Horr  Office Address: 3885 Cakweter Circle  Orlando , Florida, 32806
Name: SHAMUS HOCT  Office Address: 3885 Cakwater Circle  Orlando , Florida, 32806
Name: SHAMUS HOCT  Office Address: 3885 Cakwater Circle  Orlando , Florida, 32806
Office Address: 3885 Oakweter Circle Orlando , Florida, 32806
Office Address: 3885 Oakweter Circle Orlando , Florida, 32806
Orlando, Florida, 32806
Orlando, Florida, 32806
<u>Orlando</u> , Florida, <b>3280</b> (Zip code)
(Zip code)
10. Registered agent's acceptance:
Having hoon named on maintaned account and to make the Country of
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.
- Anux Hois
(Registéred 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.

A. DIREC	CTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	Dlar and	· — ———————————————————————————————————	<u> </u>
Address: _	Please soo attached		
_			
-	The second secon		
Vice Chair	rman:	<u>—-</u>	
Address: _	· · · · · · · · · · · · · · · · · · ·	· <del></del>	<del></del>
_		··· , ···· · · · · · · · · · · · · · ·	
Director:		<u> </u>	
, idd1036			
-			
Director:			· - <u>-</u>
Address: _			
		and the second	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)		
President:			
Address:			
Mine Dunei			
	dent:		
Address: _	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Secretary:			
Address:		· · · · · · · · · · · · · · · · · ·	
		•	
Treasurer:		=	
Address:			
-			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	<del></del>	
13	Sarah Cathain		<del></del>
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	:-	<u>-</u> .
14	SARAH C. GARVIN, CEO AND PRESTDENT		
	(Typed or printed name and capacity of person signing application	ЮП)	

Company Name: Physician Health Corporation

<u>Names</u> <u>Titles</u>

Garvin, Sarah Cooper Director, Chairman, CEO and President

Rhoton, C. David COO and CFO

Ribaudo, Joseph Michael Director; Executive Vice President

Rodgers, Thomas Malin, Jr. Director, Executive Vice President and Secretary

All of the above can be contacted at 990 Hammond Drive, Suite 300, Atlanta, Georgia 30328

#### **BOARD MEMBERS ADDRESSES**

Ribaudo, Michael J. Anantharaman, Murali Physician Health Corporation EGL Holdings, Inc. President Ancillary Division 6600 Peachtree-Dunwoody Road 450 North New Ballas Road 300 Embassy Row, Suite 630 Suite 250 Atlanta, GA 30328 St. Louis, MO 63141-6835 Cronin, Michael General Partner Weston Presidio Capital Rodgers, Thomas M. One Federal Street, 21st Floor Boston, MA 02110 Physician Health Corporation 990 Hammond Drive, Suite 300 Atlanta, GA 30328 DiStefano, Alfred, M.D. Arlington Cancer Center 906 West Randol Mill Road Arlington, TX 76012 Garvin, Sarah C. Physician Health Corporation President and CEO 990 Hammond Drive, Suite 300 Atlanta, GA 30328

## State of Delaware

-PAGE 1

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN HEALTH CORPORATION" 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 FOURTEENTH DAY OF APRIL, A.D. 1999.

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 FILED TO DATE.

2537305 8300 991146042



9686318

04-14-99

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: