123 S. Co Tall., Fi City/Stat	Green Sams & Smith Lequestor's Name Alborn St. P.O. Box 633 Address 31314 222-7500 e/Zip Phone #	Office Use Only	4
CORPORATION	NAME(S) & DOCUMENT NU	UMBER(S), (if known):	
2(Co.		(Document #) (Document #) (Document #) (Document #) (Document #)	
	rporation Name) ((Document #)	. 17
	Pick up time		= -
Mail out	Will wait Photocopy	y Certificate of Status	
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger	90002913749 -06/24/8901001029 *****78.75 *****78.7	- 5 : 75 : .
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	PECEIVED 99 JUN 23 IM 4: 22 AL JUN 23 IMM 4: 22	· · · · · · · · · · · · · · · · · · ·

Examiner's Initials

which it is incorporated.

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or 1. 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.) (State or country under the law of which it is incorporated)

3. 33-3964978

(FEI number, if applicable)

For partial (Duration: Year corp. will cease to existor "perpetual") Ofter 6-25-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Soife 400, 150 5. Darrer Rd.

Ling of Prossing All 19492

(Current mailing address)

(Purpose(6) 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 9. Name and street address of Florida region.

Name: Timothy G. Schoenwalder

Office Address: 123 South Calhoun Street

Tallahaice, FL , Florida, 32314

(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.

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

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

06/05/99 07:50 HGSS → *45184916109648112 NG.182 G

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

1. DIRECTORS	S (Street address only - P.O. nox NOT acceptable)
″bairman:	John T. Tighe III
	John T. Tighe III. 245 Nevion Rd., Morrion PA POR
Address:	
	A 20.
Vice Chairman:	
	S. O. S.
Addiess:	
	Oliver I Makell
Director:	Christopher J. Charchill
Address:	988 Telip Tree Ct., Blue Bess PA 19499
	John J. Louelle
Director:	Dr. Santa Pd 18505
Address:	101 Marjorie Dr. Scranton, PA 18505
	NOW WANTED
B. OFFICER	S (Street address only - P.O. Box NOT acceptable)
President: 47	Essorer John T. Tighe III
A ddress.	245 Marian Rd., Morion, PA 19046
710030000	
<u> </u>	Jan J. Louelle
Vice President:	D= 0 - 6. PA 18505
Address:	101 Marjorie Dr., Scranton PA 18505
Compton/	
Secretary:	Objectschar T. Oberchill
Address:	Ohristopher J. Cherchill 288 Tolip Tree Ct., Bloc Bale, PA 19452
,	J88 /J. 1. p // 22 (2 -) () = (2 -)
ice above Treasurer:	
Address:	
Дещеа	
NOTE: If ne	cessary, 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)
	(Signature of Chairman, vice Chairman, or any officer listed in manner to the apparatus
14.	(Typed or printed name and capacity of person signing application)
	(1 Ahert or hymner tierns one selected to the

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "TMG HEALTH ADMINISTRATORS,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

ERTIFICATE OF INCORPORATION, FILED THE TWENTY FIRST DAY OF

MAY, A.D. 1998, AT 11 O'CLOCK

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PSO

PARTNERS, INC. " TO TMG HEALTH ADMINISTRATORS, INC. ", FILED THE

THIRTEENTH DAY OF MAY, A.D. 1999 AT 9 O'CLOCK A M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESALD

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION

1847.190

SECRETARY OF STATE STATE OF CORPORATIONS
99 JUN 23 PM 4: 05



Edward J. Freel, Secretary of State

AUTHENTICATION:

9749281

DATE:

05-18-99

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