-99000004244



ACCOUNT NO. : 072100000032

REFERENCE

4802897

AUTHORIZATION

COST LIMIT

ORDER DATE_: August 4, 1999

ORDER TIME :

3:50 PM

ORDER NO. : 330615-010

CUSTOMER NO:

4802897

CUSTOMER:

Phyllis J. Conn, Legal Asst

Garfunkel Wild & Travis

111 Great Neck Rd.

Ste. 503

Great Neck, NY

100002962601--6

NAME:

ST. BARNABAS CORRECTIONAL

HEALTH SYSTEMS, INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guv

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSE BUSINESS IN FLORIDA

1.	Barnabas Correctional Health Sy	BUSINESS IN THE STATE OF FLORIDA. 7stems, Inc. ED", "COMPANY", "CORPORATION" or
words or abbrev	pration; must include the word "INCORPORAT riations of like import in language as will clearly or partnership if not so contained in the name at pro-	indicate that it is a corporation instead of a
2. New	York	3. 06-1174731
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
44/3,		Perpetual
(Da	te of incorporation) (Du	uration: Year corp. will cease to exist or "perpetual")
6. <u>Upo</u> 1	qualification	
(Date firs	t transacted business in Florida.) (SEE SECTION	ONS 607.1501, 607.1502 and 817.155, F.S.)
7. <u>c/o</u>	Program Planners, 230 West 41st	Street
New	York, New York 10036	
•	(Current mailing add	ress).
	lawful act or activity	<u> </u>
(Purpose	(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
9. Name and st	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	CORPORATION SERVICE COMPANY	<u></u>
	1201 Hays Street	
2000 111		
Office Address:		32301-2607
Office Address:	Tallahassee	, Florida,
Office Address:		, Florida,, Zip code)
		, Florida,

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)

hairman:	See Attached	
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resident:	See Attached	<u> </u>
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OTE: If necessary you may	y attach an addundum to the application fisting additional officers	and/or directors.
5 fond		
· -	f Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
Ronald G	ade, MD, Chairman (Typed or printed name and capacity of person signing apple	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

ST. BARNABAS CORRECTIONAL HEALTH SYSTEMS, INC. Attachment

12. A. Directors

Chairman

Ronald Gade, M.D.

c/o Program Planners 230 West 41st Street

New York, New York 10036

Vice Chairman

John Maher

c/o Program Planners 230 West 41st Street

New York, New York 10036

B. Officers

President

John Maher

c/o Program Planners 230 West 41st Street

New York, New York 10036

Secretary/Treasurer

Arthur Brien

c/o Program Planners 230 West 41st Street

New York, New York 10036

DIALETTE CORPORATIONS
DIALETTE CORPORATIONS

TRANSMITTAL LETTER

	ntion/Tax of Corpo			·		The Later of the L	
SUBJECT:	St. Barı	nabas	Correctional H	ealth <u>S</u> yst	ems, Inc.	د :	
SODSECT.		· · · · · · · · · · · · · · · · · · ·	(Name of corpora	tion - must in	clude suffix)		
Dear Sir or Mada							
The enclosed "A "Certificate of E to transact business."	xistence",	, and cl	oreign Corporation to neck are submitted to	for Authoriza to register the	tion to Transac above reference	et Business in Florida", ced foreign corporation	
Please return ail	correspon	dence	concerning this mat	ter to the follo	owing:	-	
	Ju	dith	Eisen, Esq.				
			(Name	of Person)			
	Ga	rfunk	el, Wild & Trav	is, P.C.		<u> </u>	
•			(Firm/	Company)			
	11	l Gre	at Neck Road, S	Suite 503	4,	-	
			(A	ddress)			
	Gr	eat N	eck, New York	11021			
			(City/	State/Zip)			
			` _	• ·			
Should you need	l to call so	meone	concerning this ma	tter, please ca	11:		
Should you need	i to carr oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. •••••				
Judith Eisen at (516) 393-2220							
	of Person)			ıytime Telepho	ne Number)	
STREET ADDR	RESS:			MAILIN	IG ADDRESS:		
Qualification/Tax	x Lien Sec	tion		Qualifica	ation/Tax Lien S	Section	
Division of Corporations				Division of Corporations			
409 E. Gaines St				P.O. Box	: 6327 see, FL 32314		
Tallahassee, FL	32379			r airairas:	500, LL 32314		
Enclosed is a ch	eck for th	e follo	wing amount:			-	
□ \$70.00 Filing	g Fee		3.75 Filing Fee & rificate of Status	S78.75 F Certified		\$87.50 Filing Fee, Certificate of Status & Certified Copy	

State of New York Department of State

I hereby certify, that the certificate of incorporation of ST. BARNABAS CORRECTIONAL HEALTH SYSTEMS, INC. was filed on 04/03/1986, under the name of MID-BRONX CREDIT CORP., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment MID-BRONX CREDIT CORP., changing name to ST. BARNABAS CORRECTIONAL HEALTH SYSTEMS, INC., was filed 09/15/1998.

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of August one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State

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