

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PREMIER PRACTICE MANAGEMENT, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

100002901381--9
-06/11/93--01017--005
*****70.00 *****70.00

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

W99-14061
100002901381--9
-08/23/93--01102--007
***2300.00 ***2300.00

MARK D. ARNOLD (DIRECTOR OF TAXATION)

(Name of Person)

PREMIER, INC.

(Firm/Company)

12225 EL CAMINO REAL

(Address)

SAN DIEGO, CALIFORNIA 92130

(City/State/Zip)

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

MARK D. ARNOLD

(Name of Person)

at (619) 509-6303

(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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 16, 1999

MARK D. ARNOLS
PREMIER, INC.
12225 EL CAMINO REAL
SAN DIEGO, CA 92130

SUBJECT: PREMIER PRACTICE MANAGEMENT, INC.
Ref. Number: W99000014061

We have received your document for PREMIER PRACTICE MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

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

Michael Mays
Document Specialist

Letter Number: 199A00032356

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. PREMIER PRACTICE MANAGEMENT, 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. NEVADA

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

3. 33-0707041

(FEI number, if applicable)

4. 06/19/96

(Date of incorporation)

5. PERPETUAL

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

6. 11/19/97

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

7. 12225 EL CAMINO REAL

SAN DIEGO, CALIFORNIA 92130

(Current mailing address)

8. EMPLOYMENT OF EXECUTIVES AFFILIATED WITH A REGIONAL SERVICE CORPORATION

(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 SYSTEMS

Office Address: 1200 S. PINE ISLAND ROAD

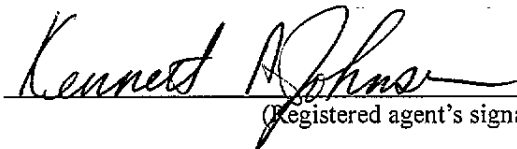
PLANTATION

, 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.*



(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.

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: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

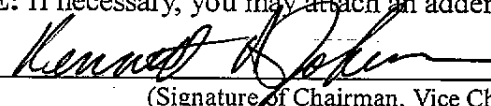
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

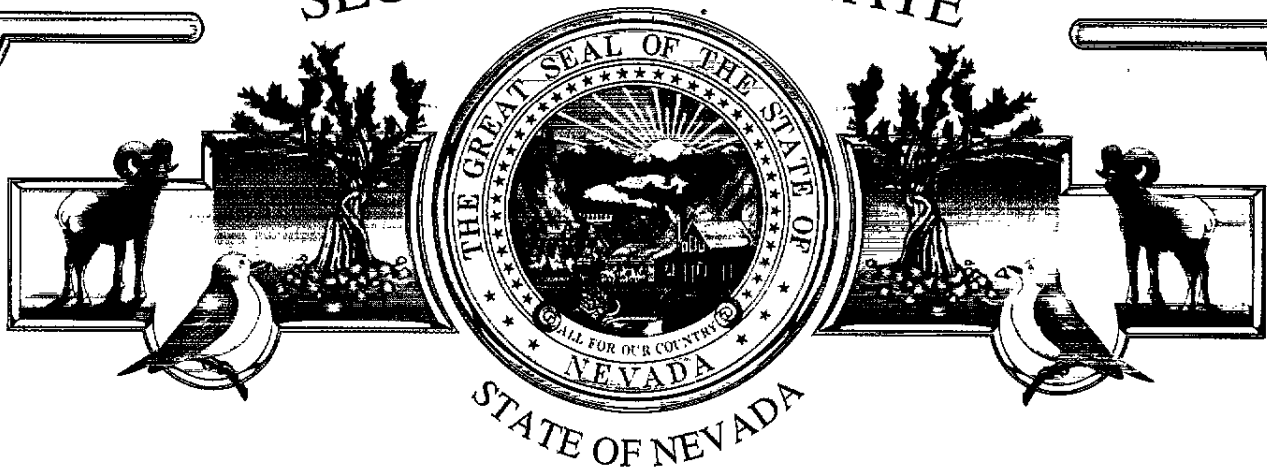
Premier Practice Management, Inc.
Officers

| <u>Name</u> | <u>Title</u> | <u>SS#</u> | <u>Address</u> | <u>Phone</u> |
|--------------------------|--------------|-------------|-----------------------------------|--------------|
| Robert W. O'Leary | Chairman | 027-32-7256 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| Richard A. Norling | Director | 047-36-8030 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| William H. Comte | President | 297-50-4024 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| Bary G. Bailey | Exec. V.P. | 567-08-4459 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| Michael B. Guthrie, M.D. | Exec. V.P. | 203-38-4247 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| Kenneth A. Johnson | CFO | 474-54-0557 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |
| Jeffrey Maysent | Secretary | 185-44-5993 | 12225 El Camino Real, SD CA 92130 | 619/481-2727 |

05-11-19 PM 1:50

SECRET
NO FORN DISSEM

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PREMIER PRACTICE MANAGEMENT, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 19, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on February 4, 1999.



Dean Heller
Secretary of State

By

J. Musselman
Certification Clerk