

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

F99000005263

FILED
DIVISION OF CORPORATIONS
9 OCT 11 PM 3:57

799A00049325

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-10/11/99--01103--012
*****87.50 *****87.50

CORPORATION(S) NAME

Health Professionals, Ltd. Inc.

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DIVISION OF CORPORATIONS
99 OCT 11 PM 3:57

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name 10/11/99

Availability

Document

Examiner

Updater

Verifier

Acknowledgement

W.P. Verifier

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TALLAHASSEE, FLORIDA
99 OCT 11 PM 2:20

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10/11/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 11, 1999

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: HEALTH PROFESSIONALS, LTD. INC.
Ref. Number: W99000023410

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 PM 3:57

We have received your document for HEALTH PROFESSIONALS, LTD. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 899A00049150

Please back-date

Thru

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99 OCT 12 PM 3:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 3:57I, the undersigned Stephen A. Cullinan do hereby certify
(Name)that this Resolution of the Board of Directors of Health Professionals, LTD.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Illinoiswas duly adopted on October 12, 19 99Be it resolved, that Health Professionals, LTD.
(Corporate Name)organized and existing in the State of Illinois, hereby adopts the nameCorrectional Health Care Professionals, Inc. for use in Florida.Dated: October 12, 1999

Signature of either Chairman, Vice Chairman or any officer

Stephen A. Cullinan, V. Pres.

Type or print name

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 PM 3:57

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. Health Professionals, LTD.

(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. Illinois

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

3. 37-1347484

(FEI number, if applicable)

4. September 25, 1995

(Date of incorporation)

5. Perpetual

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

6. Health Professionals, LTD., has not transacted any business in the state of Florida.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) *up to 9/24/1.*

7. 331 Fulton Street, Suite 300

Peoria, IL 61602

(Current mailing address)

8. Correctional Health Services

(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 System

Office Address: 1200 South 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.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(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)

MAILED
STATE
DIVISION OF CORPORATIONS
99 OCT 11 PM 3:57

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

Chairman: Norman R. Johnson

Address: 7406 N. Edgewild Drive

Peoria, IL 61614

Vice Chairman: Stephen A. Cullinan

Address: 308 E. Morningside Drive

Peoria, IL 61614

Director: Brenda J. Johnson

Address: 7406 N. Edgewild Drive

Peoria, IL 61614

Director: Theresa M. Falcon-Cullinan

Address: 308 E. Morningside Drive

Peoria, IL 61614

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

President: Norman R. Johnson

Address: 7406 N. Edgewild Drive

Peoria, IL 61614

Vice President: Stephen A. Cullinan

Address: 308 E. Morningside Drive

Peoria, IL 61614

Secretary: Brenda J. Johnson

Address: 7406 N. Edgewild Drive

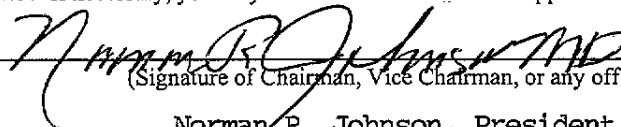
Peoria, IL 61614

Treasurer: Theresa M. Falcon-Cullinan

Address: 308 E. Morningside Drive

Peoria, IL 61614

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. Norman R. Johnson, President of Health Professionals, LTD.
(Typed or printed name and capacity of person signing application)

File Number 5852-444-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HEALTH PROFESSIONALS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 25, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this _____ *6TH*
day of _____ *OCTOBER* *A.D.* _____ *1999*.

Jesse White

SECRETARY OF STATE