

F99000005336

Document Number Only

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

300003016473--2

-10/18/99--01052--011

\*\*\*70.00 \*\*\*\*70.00

RMS Disease Management Inc.

- ☒ Profit  
☒ NonProfit  
☐ Amendment  
☐ Merger  
☒ Foreign  
☐ Dissolution/Withdrawal  
☐ Mark  
☐ LLC  
☐ Limited Partnership  
☐ Annual Report  
☐ Other  
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Jeffrey Butterfield

# 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. RMS Disease 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. Delaware  
(State or country under the law of which it is incorporated)
3. 36-4110245  
(FEI number, if applicable)
4. January 22, 1996  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. will commence upon filing  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. One Baxter Parkway, Deerfield, IL 60015

(Current mailing address)

- To engage in and all lawful acts or  
8. activity permitted by law.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box 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.

  
(Registered agent's signature)

Francis P. Regan  
Assistant Secretary

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.

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TALLAHASSEE

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: PLEASE SEE ATTACHED LIST

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: \_\_\_\_\_

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. John C. Herrmann  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John A. Herrmann, Secretary  
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## **RMS Lifeline Inc.**

Officers and Directors may be addressed at the offices of the company, at:

1620 Waukegan Road, Building R  
McGaw Park, Illinois 60085-6730

### **DIRECTORS**

David Bruce  
John Herrmann  
Alan Hull, MD  
Donald W. Joseph  
Terry Litchfield  
Donagh McCarthy  
Marla S. Persky

### **OFFICERS**

Donagh McCarthy  
John Herrmann  
Joseph Schohl  
David Bruce  
Dennis R. Owczarski  
Charles W. Thurman

<b>Title</b>
President
Secretary
Assistant Secretary
Treasurer
Assistant Treasurer
Assistant Treasurer

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*State of Delaware*  
*Office of the Secretary of State*

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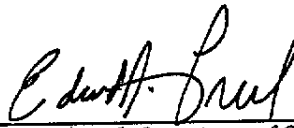
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RMS DISEASE MANAGEMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 0025239

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DATE: 10-14-99