



THE UNITED STATES
CORPORATION
COMPANY

F99000005483

ACCOUNT NO. : 072100000032

REFERENCE : 396210 12000A

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 70.00

ORDER DATE : October 1, 1999

ORDER TIME : 3:32 PM

ORDER NO. : 396210-025

CUSTOMER NO: 12000A

5000003009355--8

CUSTOMER: Renee Ann Winslow, Legal Asst
Shapiro & Adams, P.a.
Suite 272
2401 Pga Boulevard
Palm Beach Gard, FL 33410

FOREIGN FILINGS

NAME: CARE PROVIDER SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

W99000023247

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

(6)

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT -7 PM 4:38

99 OCT -7 AM 11:17

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

BK 10/7/99



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 8, 1999

JEANINE REYNOLDS
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: CARE PROVIDER SERVICES, INC.
Ref. Number: W99000023247

use give original
as the data
SUBMIT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -7 AM 11:17

We have received your document for CARE PROVIDER SERVICES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being retained for the following:

The application indicates that this corporation has been transacting business in Florida since September 16, 1994. If this is not correct, then an AFFIDAVIT must be submitted explaining that an error was made. But if it is correct, then penalty fees are owed.

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 \$5,865.00.

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: 899A00048816

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

RECEIVED
99 OCT 25 PM 3:59

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Elizabeth Fago, who after being sworn, deposes and says that:

1. She is the President of Care Provider Services, Inc., a Georgia corporation ("Corporation").
2. The Corporation has not transacted business in the State of Florida since its date of incorporation.
3. The undersigned does hereby represent that she has authority to execute this Affidavit for and on behalf of the Corporation.

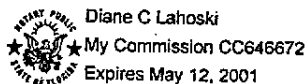
FURTHER AFFIANT SAYETH NAUGHT.

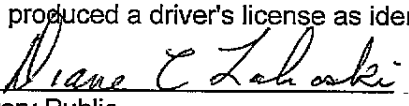
Care Provider Services, Inc.

By: 
Elizabeth Fago, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 22nd day of October, 1999, by Elizabeth Fago, President of Care Provider Services, Inc., a Georgia corporation, on behalf of the corporation. She is personally known to me or has produced a driver's license as identification and did take an oath.




Notary Public
Print Name: DIANE C. LAHOSKI
(Notary Seal)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -7 AM 11:17

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
99 OCT 17 AM 11:17

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. CARE PROVIDER SERVICES, 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. GEORGIA 3. 58-2121980
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-16-94 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 9-16-94
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2401 PGA BOULEVARD, SUITE 155, PALM BEACH GARDENS, FL 33410
(Current mailing address)
8. Provide Medical Supplies
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(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.
Corporation Service Company
By: Deborah D. Skipper Deborah D. Skipper
(Registered agent's signature) as its agent

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: Elizabeth M. Fago

Address: 2401 PGA Boulevard, Suite 155, Palm Beach Gardens, FL 33410

Vice Chairman: _____

Address: _____

Director: ELIZABETH FAGO

Address: 2401 PGA BLVD.

PALM BEACH GARDENS, FL 33410

Director: _____

Address: _____

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

President: Elizabeth M. Fago

Address: 2401 PGA Boulevard, Suite 155

Palm Beach Gardens, FL 33410

Vice President: _____

Address: _____

Secretary: Marian Fago

Address: 2401 PGA Boulevard, Suite 155

Palm Beach Gardens, FL 33410

Treasurer: Paul Walczak

Address: 2401 PGA Boulevard, Suite 155

Palm Beach Gardens, FL 33410

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. Elizabeth M. Fago, CEO/Pres
(Typed or printed name and capacity of person signing application)

FILED
CLERK OF DISTRICT COURT
99 OCT -7 AM 11:17
STATE OF FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92770576
CONTROL NUMBER : K423788
DATE INC/AUTH/FILED: 09/16/1994
JURISDICTION : GEORGIA
PRINT DATE : 10/04/1994
FORM NUMBER : 211

FILED
SECRETARY OF STATE
CORPORATIONS
99 OCT -7 AM 11:17

CSC NETWORKS, INC.
DAVID HOLCOMB
1201 HAYS STREET
TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CARE PROVIDER SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Cathy Cox



Cathy Cox
Secretary of State