## F9900005923 To: Qualification/Tax Lien Section Division of Compressions

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: RUBINO & MCGEEHIN, CHARTERED (Name of corporation - must include suffix)	(OT P. 0
(Name of corporation - must include suffix)	9
Dear Sir or Madam:	No.
The enclosed "Application by Foreign Corporation for Authorization to Transact B "Certificate of Existence", and check are submitted to register the above referenced to transact business in Florida.	usiness in Florida", S
Please return all correspondence concerning this matter to the following:	<b>73</b> 0
LOUIS J. RUBINO (Name of Person)	
RUBINO & MCGEEHIN, CHARI (Firm/Company)	ERED, Corp.
Land BOCKLENGE BRIVE SUITE	F1200
6905 ROCKLEDGE DRIVE, SUITE	
BETHESDA, M. B. 20817 (City/State/Zip)	
(City/State/Zip)	,
Should you need to call someone concerning this matter, please call:	0003044416 -11/15/9901107014 *****87.50 *****87.50
LOUIS J. RUBINO at (301) 564 3636  (Name of Person) (Area Code & Daytime Telephone	Number)
	2
STREET ADDRESS: MAILING ADDRESS:	RE NOV NEPAR: NEPAR: NEPAR: NEPAR:
Qualification/Tax Lien Section Qualification/Tax Lien Se	ection SSC 5
Division of Corporations 409 E. Gaines St.  Division of Corporations P.O. Box 6327	PH PH
Tallahassee, FL 32399  Tallahassee, FL 32314	CEIVED VIS PH 2: 3 OF CORPORATION ASSEE, FLORIDA
Enclosed is a check for the following amount:	DA DA DA DA DA DA DA DA DA DA DA DA DA D
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status ☐ Certified Copy	\$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. UBINO & MCGEEHIN, CHARTER (Name of corporation; must include the word "INCORPORATED", "COMPANY", 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.) MARYLAND
3 52-1186096
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) ROCKLEDGE DRIVE, SUITE 700 SUBCONTRACT MEDICAL MANAGEMENT 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) 600, 2929 EAST COMMERCIAL BLUD. AUDERDALE Florida, 33308 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)

which it is incorporated.

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

DIRECTORS (Street address only - P.O. Box NOT acceptable)	
hairman:	9, 000
ddress:	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	14, 12
ice Chairman:	<u></u>
ddress:	
irector:	
ddress:	
irector:	
ddress:	
. OFFICERS (Street address only - P.O. Box NOT acceptable)	
esident: 1001S J. RUBINO, JR	
ddress: 6905 ROCKLEDGE DRIVE	
BETHESBA MD 20817	
ice President: PATRICK A. MCGEEHIN	
ddress: 6905 ROCKLEDGE JRIVE	
BETHESDA MD 20817	
cretary: MORIA J. SUNTUM	
ddress: 6905 ROCKLENGE DRIVE	
BETHESDA MJ 20817	
reasurer: LOUIS J RUBINO & PATRICK	1. MCGEEHIN
ddress: 6905 ROCKLENGE DRIVE	
BETHESDA MD 20817	
OTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	he application)
(Typed or printed name and capacity of person signing applic	cation)
/-/	,

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RUBINO & MCGEEHIN, CHARTERED IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 12, 1999.

Paul B. Anderson Charter Division

Paul B. Under

