

Document Number Only

F97000005798

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

300002936013-1  
-11/03/97--01046--035  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Management Financial Services, Inc.

9/11/3  
97 NOV -3 PM 2:10  
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SECRETARY OF STATE  
DIVISION OF CORPORATION

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
- Limited Partnership
- Reinstatement
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- Amendment
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11-3-97

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DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
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. Management Financial 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. Tennessee 3. 62-1243995  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 2, 1985 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 1997  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.155, F.S.))
7. 907 Two Mile Parkway, Suite B-1  
Goodlettsville, Tennessee 37072  
(Current mailing address)
8. Management of medical accounts receivables/collections.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of  
Florida)

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9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

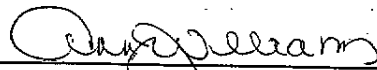
Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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.*

C T CORPORATION SYSTEM

  
(Registered agent's signature) (Officer)

Ann J. Williams, Assistant Vice President  
(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman: See attached Rider

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

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

B. OFFICERS

President: See attached Rider

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Secretary: \_\_\_\_\_

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

\_\_\_\_\_

Management Financial Services, Inc.'s  
Officer and/or Director Information

Paul E. Weitzel, Jr.  
CEO and Chairman of the Board  
Business Address: MedSource, Inc.  
3000 Atrium Way, Suite 281  
Mt. Laurel, NJ 08054

Charles B. Hellmann, Jr  
President and Secretary  
Business Address: Management Financial Services, Inc.  
907 Two Mile Parkway, Suite B-1  
Goodlettsville, TN 37072


John Hlywak  
CFO  
Business Address: MedSource, Inc.  
3000 Atrium Way, Suite 281  
Mt. Laurel, NJ 08054

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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. Paul E. Weitzel Jr. Chairman and CEO  
(Typed or printed name and capacity of person signing application)

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**Secretary of State  
Corporations Section**

**James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 10/23/1997  
REQUEST NUMBER: 97296021  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/02/1985  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0158250  
JURISDICTION: TENNESSEE

TO:  
CAPITAL FILING SERVICE, INC.  
7051 HIGHWAY 70 SO.  
NO. 333  
NASHVILLE, TN 37221

REQUESTED BY:  
CAPITAL FILING SERVICE, INC.  
7051 HIGHWAY 70 SO.  
NO. 333  
NASHVILLE, TN 37221

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"MANAGEMENT FINANCIAL SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/23/97

FROM:  
CAPITAL FILING SERVICE, INC.  
7051 HWY 70 S  
#333  
NASHVILLE, TN 37221-0000

RECEIVED:            FEES            \$210.00  
                             \$270.00            \$210.00  
TOTAL PAYMENT RECEIVED:            \$480.00

RECEIPT NUMBER: 00002197969  
ACCOUNT NUMBER: 00101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE