

F04000000283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

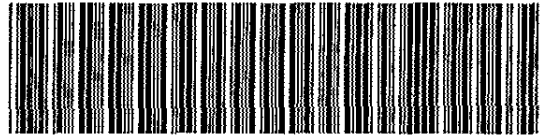
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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F04-283
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIPOCRATES HEALTH CORP.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRIAN R. CLEMENT
(Name of Person)

HIPOCRATES HEALTH CORP.
(Firm/Company)

1443 PALMDALE COURT
(Address)

WEST PALM BEACH FL 33411
(City/State and Zip code)

For further information concerning this matter, please call:

BRIAN R. CLEMENT at (561) 471-8876
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. HIPOCRATES HEALTH CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. FIN 27-0072988
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/17/03 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1443 PALMDALE COURT WEST PALM BEACH FL 33411
(Principal office address)
1443 PALMDALE COURT, WEST PALM BEACH FL 33411
(Current mailing address)

8. TO CONDUCT BUSINESS IN THE STATE OF FLORIDA
(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: BRIAN R. CLEMENT

Office Address: 1443 PALMDALE COURT
WEST PALM BEACH, Florida 33411
(City) (Zip code)

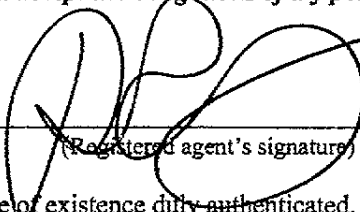
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10. Registered agent's acceptance:

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.

X  Director
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: BRIAN R. CLEMENT

Address: 1443 PALMDALE COURT

WEST PALM BEACH FL 33411

Vice Chairman: ROGER AKINS

Address: 1443 PALMDALE COURT

WEST PALM BEACH FL 33411

Director: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRIAN R. CLEMENT

Address: 1443 PALMDALE COURT

WEST PALM BEACH FL 33411

Vice President: ROGER AKINS

Address: 1443 PALMDALE COURT

WEST PALM BEACH FL 33411

Secretary: _____

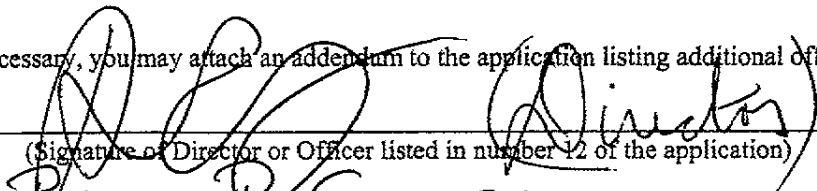
Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X  (Signature of Director or Officer listed in number 12 of the application)

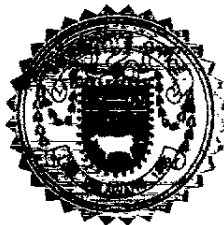
14. BRIAN R. CLEMENT
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIPPOCRATES HEALTH CORP." 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 FOURTH DAY OF OCTOBER, A.D. 2003.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3705134 8300

AUTHENTICATION: 2672438

030601135

DATE: 10-04-03