

F 95 00000 4243

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Medical Solutions, Inc.
(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:

W75-16423

Steve Wylie
(Name of Person)

Preferred Medical Solutions
(Firm/Company)

P.O. Box 1350
(Address)

Haines City, FL 33845-1350
(City/State/Zip)

8
8231

600001564696
-08/21/35--0101--012
****78.75 ****78.75

Should you need to call someone concerning this matter, please call:

Steve Wylie at (813) 422-0531
(Name of Person) (Area Code & Daytime Telephone Number)

Apkr of Steven Wylie - authorized to change resolution 8/31

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

11/30 JS



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

August 21, 1995

STEVE WYLIE
PREFERRED MEDICAL SOLUTIONS
PO BOX 1350
HAINES CITY, FL 33845-1350

SUBJECT: MEDICAL SOLUTIONS, INC.
Ref. Number: W95000016823

We have received your document for MEDICAL SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 295A00039087

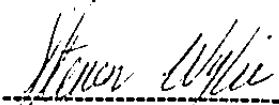
RESOLUTION OF THE BOARD OF DIRECTORS
MEDICAL SOLUTIONS, INC.

Minutes of the special meeting of the Board of Directors of **MEDICAL SOLUTIONS, INC.** was held in Baton Rouge, Louisiana, on the 26 day of August, 1995.

I, the undersigned Chairman of the Board/President, do hereby certify that this Resolution of the Board of Directors of **MEDICAL SOLUTIONS, INC.**, a corporation duly organized and existing under the laws of the State of Louisiana, was duly adopted on August 26, 1995.

Resolved, that **MEDICAL SOLUTIONS, INC.**, organized and existing in the State of Louisiana, hereby adopts the name **PREFERRED MEDICAL SOLUTIONS, INC.**, for use in Florida.

Dated: 08/26/95



Steven Wylie/President

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. Medical Solutions, 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. State of Louisiana
(State or country under the law of which it is incorporated)

3. 59-3298710
(FBI number, if applicable)

4. MARCH 31st 1995
(Date of Incorporation)

5. Perpetuity
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Acceptance
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 361 Rue de la Place
P.O. Box 82352 Baton Rouge, La 70884
(Current mailing address)

8. To enter into any lawful business activity in which corporations organized under Florida) (Medical Consulting)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of LSA-R.S. 12:1 et seq. may engage.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Steve Wylie

Office Address: 3113 Sandy Circle

Haines City, Florida, 33844
(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.

Steve Wylie
(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 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: Steve Wylie

Address: 3113 Sandy Circle Haines City FL 33844

Vice Chairman: —

Address: —

Director: M. Helen Bates

Address: 361 Rue de la Place

Baton Rouge, LA 70884

Director: —

Address: —

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

President: Steve Wylie

Address: 3113 Sandy Circle

Haines City, FL 33844

Vice President: —

Address: —

Secretary: M. Helen Bates

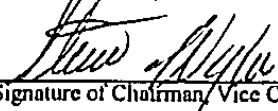
Address: 361 Rue de la Place

Baton Rouge, La 70884

Treasurer: M. Helen Bates

Address: 361 Rue de la Place Baton Rouge LA 70884

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. President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that
MEDICAL SOLUTIONS, INC.

A Louisiana corporation domiciled at Baton Rouge,

Filed charter and qualified to do business in this State on
April 3, 1995,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

RECORDED
INDEXED
FILED
AUG 1 1995
STATE

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on.*

August 1, 1995

Jox McKeithen

CGR

Secretary of State

