

M03000004082

00789-00524-00672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

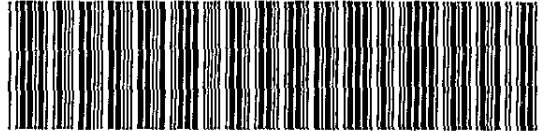
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/9 FOR LC

W03-31163

Office Use Only



800023777478

NJH

10/21/03--01025--009 **87.50

11/19/03--01007--012 **37.50

FILED
03 DEC -9 PM 3:26
TALLAHASSEE FLORIDA

PMP

Preferred Medical Personnel, Ltd.

For registration at Florida Department of State

check # 4882 amt. \$87.50

Preferred Medical Personnel

Veronica Winks,

132 N. Mulberry St.

Chillicothe, Ohio 45601

1-888-358-8568

740-779-1764



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 28, 2003

VERONICA WINKS
132 N. MULBERRY ST.
CHILLICOTHE, OH 45601

SUBJECT: PREFERRED MEDICAL PERSONNEL, LTD.
Ref. Number: W03000031163

We have received your document for PREFERRED MEDICAL PERSONNEL, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a Foreign Corporate Name Registration for a Limited Liability Company. To Qualify this LLC to transact business in Florida, complete the attached application. The filing fee is \$125.00.,

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 603A00058247



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 20, 2003

VERONICA WINKS
132 N. MULBERRY ST.
CHILLICOTHE, OH 45601

SUBJECT: PREFERRED MEDICAL PERSONNEL, LTD.
Ref. Number: W03000031163

We have received your document for PREFERRED MEDICAL PERSONNEL, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must complete number 9 of the application, Manager/Managing Member names and addresses.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 603A00063187

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PREFERRED MEDICAL PERSONNEL, LTD L.L.C.
(Name of foreign limited liability company)

2. OHIO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 31-1581539
(FEI number, if applicable)

4. 12/97
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 9-22-03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 132 N. MULBERRY STREET
CHILLICOTHE, OHIO 45601
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Veronica Winks Kevin Doherty
132 N. Mulberry St.
Chillicothe, Ohio 45601

03 DEC -9 PM 3:26
FILED
TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: PROVIDE TEMPORARY STAFFING OF MEDICAL PERSONNEL

Veronica Winks
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Veronica Winks
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PREFERRED MEDICAL PERSONNEL

2. The name and the Florida street address of the registered agent and office are:

VERONICA M. WINKS

(Name)

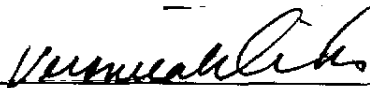
371 MARAVILLA DRIVE

Florida street address (P.O. Box **NOT** ACCEPTABLE)

DESTIN FL 32550

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



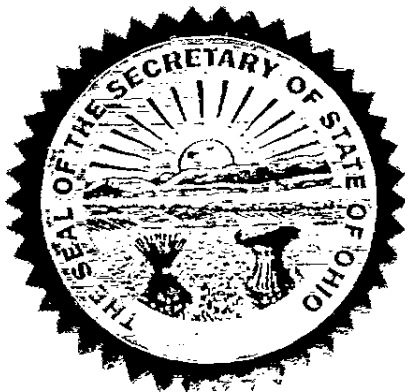
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

1 / 4

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PREFERRED MEDICAL PERSONNEL LTD., an Ohio Limited Liability Company, Registration No. LL2420, was organized within the State of Ohio on December 17, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of October, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State