Qualification/Tax Lien Section

To: Qualification/Tax Lien S Division of Corporations		
, -	inge Technology Inc.	
SUBJECT: 7 - 0 - 7 -	(Name of corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Fo "Certificate of Existence", and claransact business in Florida.	oreign Corporation for Authorization to Transact Buneck are submitted to register the above referenced	usiness in Florida", foreign corporation to
	concerning this matter to the following:	
CAID	(Name of Person)	003110856C
	(Name of Person)	******78.75 *****78.75
<u>Med</u>	Time Technology, Inc. (Firm/Company)	
5/3)	Pointe Enerald La. (Address)	
	12.440N, FC 33486 (City/State/Zip)	
Should you need to call someone	e concerning this matter, please call:	
Craig Schreiber	at (561) 391-395 Z (Area Code & Daytime Telephone	
' (Name of Person)	(Area Code & Daytime Telephone	Number)
COURIER ADDRESS:	MAILING ADDRESS:	÷. 3
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ction

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO
PECISTER A FORFIGN CORPORATION TO TRANSACT BUSINESS IN THE
1. Med - Time Technology Two. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or instead of a
1. Med - / Me / EMASTED", "COMPANY", "CORPORATION" or
de a sharming of like import in language as will clearly increase and a series
natural person or partnership if not so contained in the name at present.)
1 - 07041.75
2. New Tersey (State or country under the law of which it is incorporated) 3. /0-0704675 (FEI number, if applicable)
(State or country under the law of which it is incorporated)
(State or country under the law of which it is incorporated) 4. May (a 1997 5. Perfection! (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Diracion, Tear cosp. with obtained to the cosp. The cosp. with obtained to the cosp. with obtained to the cosp. The cosp. with obtained to the cosp. with obtained to the cosp. The cosp. The cosp. The cosp. The cosp. with obtained to the cosp. The c
6. (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 677.1505, x.s.)
7 P.O. BOX 272718
7. P.O. BOX 272718 BOCA RATON FC 33427 - 2718 (Current mailing address)
(Current mailing address)
8. Sakes of Medical Compliance Device
8. (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)
9. Name and select dust as a fine of the control of
Name: Craig Xhreiber
OFFICE Address: 5/31 Pointe Emerald Co.
Name: Craig Schreiber Office Address: 5131 Pointe Emerald Co. Bas Baton, FL, Florida, 33486 (Zip code)
Bas Raton, Per Honda, John Cin code)
10. Registered agent's acceptance:
the place designate
comply with the provisions of all statutes relative to the proper and complete performance of my annual and annual and annual and annual annua
and accept the obligations of my position as registered agent.
(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.

	addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
L DIRECTOR	RS (Street address only - P.O. Box NOT acceptable)
hairman:	Craig Schreiber
ddress:	5131 Pointe Emerald Lx.
	Boca Raton, FL 33486
/ice Chairman:	Herbert I. Slifer
	1150 11-11/h 11/h 11/h # 5/14
Address:	1/50 Hillsboro Mile, # 319
	Hills boro Beach, FL 33062
Director:	Enest - NUZZO
	15 Range Dalley Id.
Address:	Mahway, NJ 67430
	Mahway, NJ 37730
Director:	1- 1 1):
Address:	77A
B. OFFICER	RS (Street address only - P.O. Box NOT acceptable)
	1/ diet -
	1100 Hilkborn Mile # 514
Address:	1/11
	Hillsboro Beach, FL 33662
Vice President	: Craig Schreiber
Address:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	17024 12000
Secretary:	Craig Schreiber
Address:	(same 15 Abose)
Audi 033	
<u>. </u>	
Treasurer:	
Address:	same is Above
	and the state of t
NOTE: If no	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(C)
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Craig Schreiber - Secretary
	(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

MED-TIME TECHNOLOGY, INC.

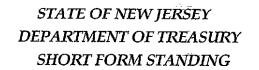
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 6, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Ernest R. Nuzzo 65 Ramapo Valley Road Suite 10 Mahwah, NJ 07430

Continued on next page . . .



MED-TIME TECHNOLOGY, INC.



hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of January, 2000

Kdoms w machuls

Roland M Machold Treasurer