

F00000002041

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PINS - Pensacola, 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:

Tina L. Yeager
(Name of Person)
Professional Independent Nursing Services, Inc.
(Firm/Company)
5345 Wyoming Blvd. NE, Suite 202
(Address)
Albuquerque, N.M. 87109
(City/State/Zip)

800003202598-5
-04/11/00-01010-003
*****70.00 *****70.00

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

Tina L. Yeager at (505) 823-6425
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

MAILING ADDRESS:

Name	Qualification/Tax Lien Section
Availability	Division of Corporations
Document Examiner	409 E. Gaines St. Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

☒ \$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

FILED
00 APR 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F00000002041

**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. PINS - Pensacola, 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. New Mexico 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 31, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5345 Wyoming Blvd. NE, Suite 202
Albuquerque, N.M. 87109
(Current mailing address)

8. maintain and operate a nursing and staffing agency for licensed nurses
(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: Christy Spann

Office Address: 4712 Whitewater Lane
Crestview, Florida, 32539
(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.

Christy L. Spann
(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: Tina L. Yeager

Address: 5345 Wyoming Blvd. NE, Suite 202
Albuquerque, N.M. 87109

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

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

President: Tina L. Yeager

Address: 5345 Wyoming Blvd. NE, Suite 202
Albuquerque, N.M. 87109

Vice President: N/A

Address: _____

Secretary: Tina L. Yeager

Address: 5345 Wyoming Blvd. NE, Suite 202
Albuquerque, N.M. 87109

Treasurer: Tina L. Yeager

Address: 5345 Wyoming Blvd. NE, Suite 202
Albuquerque, N.M. 87109

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

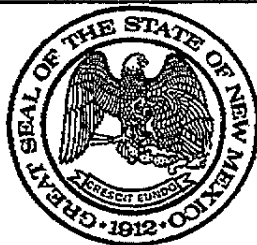
13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tina L. Yeager, President

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

FILED
00 APR 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



OFFICE OF THE PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED that:

PINS-PENSACOLA, INC.
2060838

a corporation organized under the laws of
NEW MEXICO

is duly authorized to transact business in New Mexico,
Domestic Profit Corporation, under the

BUSINESS CORPORATION ACT
(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation on JANUARY 31, 2000
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public
Regulation Commission which have been assessed against the
aforesaid corporation, have been paid to date and aforesaid
corporation is in corporate good standing & duly authorized
to transact business as its corporate existence has not been
revoked in New Mexico. This Certificate is not to be
construed as an endorsement, recommendation, or notice of
approval of the corporation's financial condition or
business activities and practices. This certificate of Good
standing and compliance expires: MARCH 15, 2003

Dated: MARCH 31, 2000

In testimony whereof, the State Public Regulation
Commission of the State of New Mexico has
caused this certificate to be signed by its
Chairman and the seal of said Commission to be
affixed at the City of Santa Fe

Bill Pope

Chairman

Lilje M. Martinez

Bureau Chief

00 APR 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA