

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8870 • Fax (850) 224-2222

FO0000003278

Medical Group Services
Uno

800003281428--9

-06/08/00--01046--023

*****70.00 *****70.00

(Handwritten signature/initials)

(Handwritten signature/initials)

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

<input checked="" type="checkbox"/>	Art of Inc. File
<input type="checkbox"/>	LTD Partnership File
<input type="checkbox"/>	Foreign Corp. File
<input type="checkbox"/>	L.C. File
<input type="checkbox"/>	Fictitious Name File
<input type="checkbox"/>	Trade/Service Mark
<input type="checkbox"/>	Merger File
<input type="checkbox"/>	Art. of Amend. File
<input type="checkbox"/>	RA Resignation
<input type="checkbox"/>	Dissolution / Withdrawal
<input type="checkbox"/>	Annual Report / Reinstatement
<input type="checkbox"/>	Cert. Copy
<input checked="" type="checkbox"/>	Photo Copy
<input type="checkbox"/>	Certificate of Good Standing
<input type="checkbox"/>	Certificate of Status
<input type="checkbox"/>	Certificate of Fictitious Name
<input type="checkbox"/>	Corp Record Search
<input type="checkbox"/>	Officer Search
<input type="checkbox"/>	Fictitious Search
<input type="checkbox"/>	Fictitious Owner Search
<input type="checkbox"/>	Vehicle Search
<input type="checkbox"/>	Driving Record
<input type="checkbox"/>	UCC 1 or 3 File
<input type="checkbox"/>	UCC 11 Search
<input type="checkbox"/>	UCC 11 Retrieval
<input type="checkbox"/>	Courier

RECEIVED
DIVISION OF CORPORATIONS
00 JUN -8 PM 2:55

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
00 JUN -8 AM 11:48

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN -8 PM 2:55

1. **MEDICAL GROUP SERVICES, 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. **DELAWARE**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **APRIL 24, 2000**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON FILING**

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

7. **6800 W. DALE MABRY, SUITE 154, TAMPA, FL 33614**

(Current mailing address)

8. **ANY LAWFUL PURPOSE**

(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: **FRANK J. GRECO, ESQ.**
HARRIS BARRETT, MANN & DEW, LLP

Office Address: **1715 N. WESTSHORE BLVD., #750**

TAMPA

, Florida, **33607**

(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.

(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)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -8 PM 2:55

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DANIEL J. RATNER

Address: 12 OLD STAGECOACH
WESTON, CT 06883

Director: BRINA CABRERA

Address: 6800 W. DALE MABRY, SUITE 154
TAMPA, FL 33614

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

President: DANIEL J. RATNER

Address: 12 OLD STAGECOACH
WESTON, CT 06883

Vice President: BRINA CABRERA

Address: 6800 W. DALE MABRY, SUITE 154
TAMPA, FL 33614


Secretary: BRINA CABRERA

Address: 6800 W. DALE MABRY, SUITE 154
TAMPA, FL 33614

Treasurer: BRINA CABRERA

Address: 6800 W. DALE MABRY, SUITE 154
TAMPA, FL 33614

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

State of Delaware
Office of the Secretary of State

PAGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -8 PM 2:55

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL GROUP SERVICES, INC." 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 SEVENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL GROUP SERVICES, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3217026 8300

001287823

Edward J. Freel
Edward J. Freel, Secretary of State

0481755

AUTHENTICATION:

06-07-00

DATE: