Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)541-3694 Phone

Fax Number : (305)541-3770

FOREIGN PROFIT QUALIFICATION

HEALTH MANAGEMENT SERVICES OF UTHA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70,00

1 of 2

6/29/00 2:01 PM

EMPIRE CORPORATE KIT

104-29-2000 14:06

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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.

2. UTAH (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida.) (SEE SECTIONS 607.1502, 607.1502 and 817.155, F.S.) 7. 5920 RED BUG LAKE ROAD (Current mailting address) (Current mailting address) 8. HEALTH AND CHROPRACTIC SECULORS (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: Louded Watters Correct Security (P.O. Box or Mail Drop Box NOT acceptable) Name: Louded Watters Correct Security (P.O. Box or Mail Drop Box NOT acceptable) 10. Registered agent's acceptance:
6. JUNE 25th 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 5920 RED BUG LAKE ROAD WINTER SPRINGS, FURNA 32708 (Current mailing address) 8. HEACH AND CHROPRACTIC SPRINGS (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: Routed WACTERS Office Address: 10166 NW 17 STRSET CORN SPRINGS, Florida. 33071 (Zip code) (Zip code)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1502 and 817.155, P.S.) 7. 5920 RED BUG LAKE ROAD WINTER SPRINGS, PORUA 32708 (Current mailing address) 8. HEADTH AND CHROPRACTIC SPRINGS (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: ROUND WATERS Office Address: 10166 NW 17 STREET CORN SPRINGS, Florida 32071 (Zip code)
(Current mailing address) 8. HEADY AND CHROPRACTIC SECULOSS (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: Court Watters Office Address: 10166 NW 17 STRSET Court Spengs, Florida 33071 (Zip code)
(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: Court WATES Office Address: 10166 NW 17 STRSET Court Spengs, Florida, 33071 (Zip code)
Office Address: 10166 NW 17 STRSET CORN SPENGS, Florida, 33071 (Zip code)
Coext Seewas, Florida, 33071 (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 starties 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

P. 02/04

which it is incorporated.

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Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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dress:	5920 RED BUG LAKE ROAD	
	WINTER SPENON, FLORIDA 32708	
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dress: _	5920 RED BUG LAKE ROAD	
_	WINTER SPRINGS, FL 32708	<u> </u>
e Presid	ent: SAME AS ABOUE	
		N 28
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OTE: 1	f necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
OTE: 1	DAMAS DURIN PRESIDENT	
	A . K	



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Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, Box 146705 Sait Lake City, UT 84114-6705 Service Center: (801) 530-4849 Fax: (801) 530-6438

Web site: http://www.commerce.state.ut.us

May 25, 2000

CERTIFICATE OF EXISTENCE

Registration Number:

CO 168005

Business Name:

HEALTH MANAGEMENT SERVICES OF UTAH, INC.

Registered Date:

OCTOBER 19, 1994

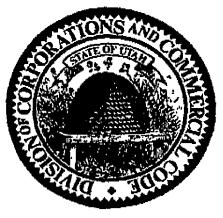
Foreign or Domestic:

DOMESTIC

Current Status:

GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah.



Lorena Riffo-Jenson
Division Director of
Corporations and Commercial Code

Dept. of Professional Licensing (801)530-6628 Real Estate (801)530-6747 Public Utilities (801)530-6651

Securities (801)530-6600 Consumer Protection (801)530-6601

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