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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL SERVICES, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-10/31/00--01047--005
*****78.75 *****78.75

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:

SHIRLEY M SIEGEL

(Name of Person)

HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL SERVICES, INC.

(Firm/Company)

739 KENILWORTH CIRCLE UNIT 103

(Address)

HEATHROW FLORIDA 32746

(City/State and Zip code)

For further information concerning this matter, please call:

SHIRLEY M. SIEGEL

(Name of Person)

at (407) 833-0090

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$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

**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. HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL 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. New Jersey 3. 222492071 EIN
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JAN 18, 1984 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 739 KENILWORTH CIRCLE UNIT 103 HEATHROW FL 32746
(Principal office address)
PO BOX 951466 LAKE MARY Florida 32745-1466
(Current mailing address)

8. MANAGEMENT CONSULTING TO HEALTH CARE INDUSTRY
(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: SHIRLEY M. SIEGEL

Office Address: 739 KENILWORTH CIRCLE UNIT 103
HEATHROW, Florida 32746
(City) (Zip code)

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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.

Shirley M Siegel, President
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SHIRLEY M SIEGEL

Address: 739 KENILWORTH CIRCLE UNIT 103
HEATHROW, Florida 32746

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SHIRLEY M. SIEGEL

Address: 739 KENILWORTH CIRCLE UNIT 103
HEATHROW Florida 32746

Vice President: SAUL SIEGEL w/o Portfolio

Address: 739 KENILWORTH CIRCLE UNIT 103
HEATHROW Florida 32746

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Shirley M Siegel, President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHIRLEY M. SIEGEL, President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL
SERVICES, 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 January 18, 1984.*

*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:*

*Philip R. Kaufman, Esq.
860 Hwy 1
Edison, NJ 08817*

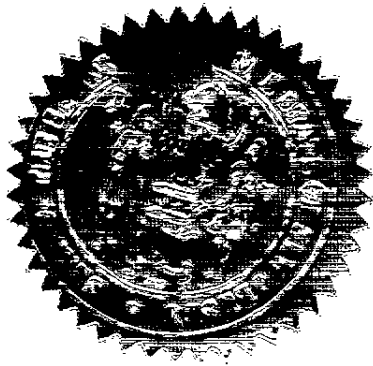
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL
SERVICES, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
27th day of October, 2000

Roland M Machold

Roland M Machold
Treasurer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA