



THE UNITED STATES  
CORPORATION  
COMPANY

# F00000006764

ACCOUNT NO. : 072100000032

REFERENCE : 916612 4726231

AUTHORIZATION :

*Patricia P.*

COST LIMIT : \$ 70.00

FILED  
00 DEC -6 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 1, 2000

ORDER TIME : 9:30 AM

ORDER NO. : 916612-030

CUSTOMER NO: 4726231

7000003489007--2

CUSTOMER: Ms. Joann Colica  
Comforce Corporation  
301 Yamato Road  
Suite 4160  
Boca Raton, FL 33431-4930

FOREIGN FILINGS

NAME: CLINICAL LABFORCE OF AMERICA,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

RECEIVED  
00 DEC -6 AM 10:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: \_\_\_\_\_

*NK 12/6*

**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. CLINICAL LABFORCE OF AMERICA, 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 York

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

3. 11-3549538

(FEI number, if applicable)

4. June 02, 2000

(Date of incorporation)

5. Perpetual

(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.)

415 Crossways Park Drive

7. Woodbury, NY 11797

(Principal office address)

415 Crossways Park Drive, Woodbury, NY 11797

(Current mailing address)

To provide supplemental staffers to clinical laboratories. To engage in any act or activity for which corporations may be organized.

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)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

By: Dolores Burton

(Registered agent's signature)

Dolores Burton, Assistant Vice President

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.

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DEC - 6 PM 12:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Arthur A. Feltman

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

14. Arthur A. Feltman, Assistant Secretary

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

FILED  
DEC - 8 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Rider to Application for Certificate of Authority  
for a Foreign For-Profit Corporation**

Officers and Directors listing:

**Officers**

Harry V. Maccarrone, President, Treasurer, CEO and CFO  
415 Crossways Park Drive  
Woodbury, NY 11797

Robert F. Ende, Vice President of Finance  
415 Crossways Park Drive  
Woodbury, NY 11797

Linda Annicelli, Secretary  
415 Crossways Park Drive  
Woodbury, NY 11797

Arthur A. Feltman, Assistant Secretary  
415 Crossways Park Drive  
Woodbury, NY 11797

**Directors**

Harry V. Maccarrone, Sole Director  
415 Crossways Park Drive  
Woodbury, NY 11797

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TALLAHASSEE, FLORIDA

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the Certificate of Incorporation of CLINICAL LABFORCE OF AMERICA, INC. was filed on 06/02/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of November  
two thousand.

FILED  
00 DEC -6 PM 12:59  
DEPARTMENT OF STATE  
ALBANY, FLORIDA

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