

FO1000000394

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Staff, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

200003563002--7
-01/22/01-01112-022
*****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:

(Name of Person)
Med Staff, Inc.
(Firm/Company)
297 S. Newtown Street Road
(Address)
Newtown Square Pa 19073
(City/State and Zip code)

For further information concerning this matter, please call:

Jim Waxman at (610) 356-6337
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
00 JAN 22 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

mtw
1/23

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. Med Staff, 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. Pennsylvania (State or country under the law of which it is incorporated) 3. 23-2491296 (FEI number, if applicable)

4. 3/88 (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")

6. 1/10/2008 (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. 297 S Newtown Street Road Newtown Square Pa 19073 (Principal office address)

Same as above (Current mailing address)

8. Temporary Staffing of Health Care Professionals to Hospitals (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: Office Address: , Florida (City) (Zip code)

FILED 00 JUN 22 PM 11: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

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1. Med Staff, 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. Pennsylvania 3. 23-2491296
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/88 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/10/2000
(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. 297 S Mountain Street Road Newtown Square Pa 19073
(Principal office address)

Same as above
(Current mailing address)

8. Temporary Staffing of Health Care Professionals to Hospitals
(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: VASKEN Z. AZNAVORIAN
Office Address: 2701 W. Oakland Park Blvd # 225
FORT LAUDERDALE, Florida 33311
(City) (Zip code)

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00 JAN 28 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Registered agent's signature)

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Davis

Address: 4 Aronwald Lane
Newtown Square Pa 19073

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Timothy Rodden

Address: 18 Castle Rock Drive Havertown Pa 19083

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00 JAN 22 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. Timothy Rodden - Treasurer
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 04, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MED-STAFF, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

FILED
00 JAN 25 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Kim Dujergalt

Secretary of the Commonwealth

JSOW