

CT CORPORATION SYSTEM

F01000003386

CORPORATION(S) NAME

ASD Specialty Healthcare, Inc.

FILED
01 JUN 29 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/25/01--01115--008
*****70.00 *****70.00

000004433600--0
-06/25/01--01115--009
*****8.75 *****8.75

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|--|---|---|
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| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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01 JUN 25 PM 1:57
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/25/01

Order#: 4477616

Ref#: _____

Amount: \$ _____

File 2nd

BK

CB

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 25 PM 3:39
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- 1. ASD Specialty Healthcare, 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. California (State or country under the law of which it is incorporated)
3. 33-0800482 (FEI number, if applicable)
4. 03/31/1998 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. 06/01/2001 (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. 4000 Metropolitan Drive, Orange, CA 92868 (Principal office address)
same (Current mailing address)

Engage in any lawful act or activity for which a corporation 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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

By: C T Corporation System (Registered agent's signature) Scot Ferraro Assistant Secretary

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

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Milan A. Sawdei

Address: 4000 Metropolitan Drive

Orange, CA 92868

Director: _____

Address: _____

B. OFFICERS

President: Steve Collis

Address: 4000 Metropolitan Drive

Orange, CA 92868

Vice President: _____

Address: _____

Secretary: Milan A. Sawdei

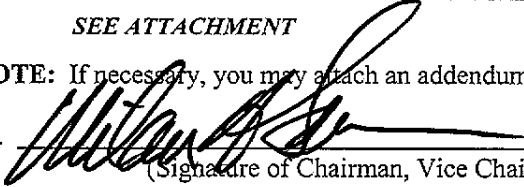
Address: 4000 Metropolitan Drive Orange, CA 92868

Treasurer: _____

Address: _____

SEE ATTACHMENT

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. Milan A. Sawdei, Secretary

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

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SECRETARY OF STATE

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

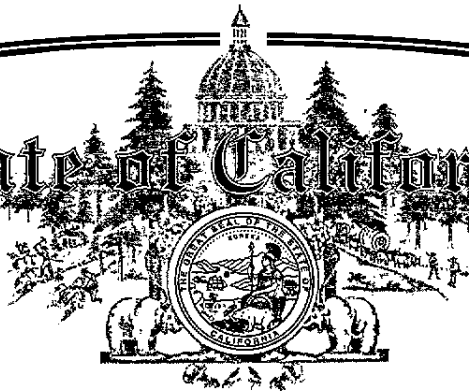
1. Full Name: Steve Collis
Officer/Director: Officer
Officer's Title: President
Business Address: 4000 Metropolitan Drive
City: Orange
State: CA
ZIP Code: 92868

2. Full Name: Milan A. Sawdei
Officer/Director: Officer, Director
Officer's Title: Secretary
Director's Title: Other Director
Business Address: 4000 Metropolitan Drive
City: Orange
State: CA
ZIP Code: 92868

3. Full Name: Scott Leach
Officer/Director: Officer
Officer's Title: CFO
Business Address: 4000 Metropolitan Drive
City: Orange
State: CA
ZIP Code: 92868

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TALLAHASSEE, FLORIDA

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **31ST** day of **MARCH, 1998**, **ASD SPECIALTY HEALTHCARE, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

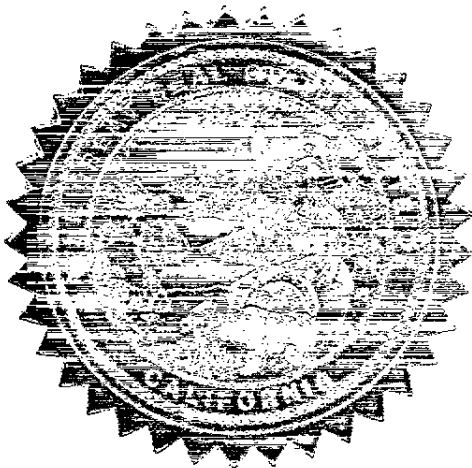
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 21, 2001.



Bill Jones
BILL JONES
Secretary of State

