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FAX NO.

Division of Corporations

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F01000005655

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EDWARDS & ANGELL  
Account Number : 075410001517  
Phone : (561) 833-7700  
Fax Number : (561) 655-8719

FOREIGN PROFIT QUALIFICATION

CyberAmeriCare, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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01 OCT 31 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

**1. CYBERAMERICARE, 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. Delaware**

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

**3. APPLIED FOR**

(FEI number, if applicable)

**4. September 25, 2001**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. Upon filing.**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

**7. 204 North Lake Drive, Lantana, Florida 33462**

(Current mailing address)

**8. To engage in any lawful act or activity for which corporations may be organized.**

(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: Angell Corporate Services, Inc.

Office Address: One North Clematis St., #400

West Palm Beach, Florida 33401

(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.

ANGELL CORPORATE SERVICES, INC.

(Registered agent's signature)

Jonathan E. Cole, 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.

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

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address:**Chairman: Jack Hight, Chairman of the BoardAddress: 369 South Lake Drive, Apt. 2A, Palm Beach, FL 33480Director: John E. HainesAddress: 204 North Lake Drive, Lantana, FL 33462Director: J. Terry DruryAddress: 2601 N. Rock Island Road, Apt. 108, Margate, FL 33063

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

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

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

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

FILED  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
01 OCT 30**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: J. Terry Drury (President, COO and Treasurer)Address: 2601 N. Rock Island Road, Apt. 108, Margate, FL 33063

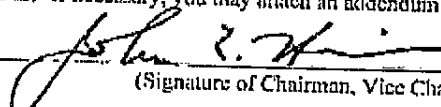
Vice President: \_\_\_\_\_

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

Secretary: John E. Haines (Chief Executive Officer and Secretary)Address: 204 North Lake Drive, Lantana, FL 33462

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

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

**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. John E. Haines, Chief Executive Officer

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

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*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYBERAMERICARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2001.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 30



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1358561

DATE: 09-25-01