# 0005751

#### Registry Network

Medical and Dental Staffing Services:

6150 State Road 70 East • Suite 23 Bradenton, Florida 34203

CR2E031(7/97)

Office Use Only

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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2.	Corporation Name)	(Document #)	000	000466 -11/02/01	010300	4 01
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#### TRANSMITTAL LETTER

10: Registration Section
Division of Corporations
SUBJECT: Registry Network Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
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:
Laura Moeller
(Name of Person)
Registry network Inc.
(Firm/Company)
18 Jr. S. Coast Hun
(Address)
Ochanside, CA 92054
(City/State and Zip code)
For further information concerning this matter, please call:
Laura Moelle , 760, 966-3700 #3 3 5
(Name of Person) (Area Code & Daytime Telephone Number)
TE 30
STREET ADDRESS: Registration Section MAILING ADDRESS:
Division of Corporations  409 E. Gaines St.  Registration Section  Division of Corporations
409 E. Gaines St.  Tallahassee, FL 32399  Division of Corporations P.O. Box 6327
Tallahassee, FL 32399  Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

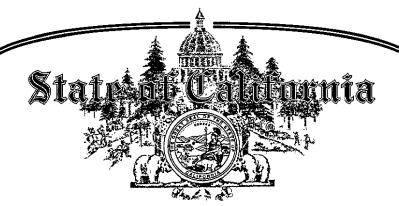
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.
I. Registry Network 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. <u>alifornia</u> 3. 33-0376778
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/89 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.)
, 1821 S. Coost Hwy Oceanside, CA 98054
(Principal office (address)
Some
(Current mailing address)
Medical Temperary agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Heather Hynton
WITH PL FOC S-23 PM PT
Gradenton Florida 34203 Fig 7
(City) (Zip code)
O <sup>2</sup> O &
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
lesignated 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
unities agree to comply with the provisions of all statutes retailve to the proper and complete performance of my Inties, and I am familiar with and accept the obligations of my position as registered agent.
•
Weather Dynton
(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: John tusco	
Address: 15 S. S. Coat Hull	·
122 A Ob Marco 10	
10000110	
Address: Save	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President:	
Address:Sane	
	7,00
Vice President: Laura Moeller	ALLA II
Address: Sane	
	SSEE
Secretary: John Jusco	
Address:	25 3 75 3
Treasurer: <u>faura</u> Molle	<u> </u>
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
13. Jawa Moelle	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of t	· 1
14 Laura Moeller Vice Chair	man
(Typed or printed name and capacity of person signing application)	



## SECRETARY OF STATE CERTIFICATE OF STATUS

DOMESTIC CORPORATION

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

That on the 27th day of October, 1989, REGISTRY NETWORK, 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 October 25, 2001.

BILL JONES Secretary of State

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