

CT CORPORATE SYSTEM

**F01000005781**

CORPORATION(S) NAME

New Boston Medical Staffing, Inc.

**FILED**  
01 NOV -6 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
01 NOV -6 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <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"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies         |   |   |
| <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            |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/6/01

*MS*

Order#: 4887745  
**100004669571--3**  
-11/06/01--01062--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

**BK**

**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*

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1. New Boston Medical Staffing, 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. Massachusetts 3. 04-3303296  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/1996 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual  
(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. 60 Harvard Mill Square, Wakefield, MA 01880-3208  
(Principal office address)
- same  
(Current mailing address)
- See Attachment
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.*

**AMY BERTELETTI**  
**SPECIAL ASSISTANT SECRETARY**

By: Amy Berletti  
(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**

*SEE ATTACHMENT*

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**B. OFFICERS**

President: Nicholas J. Lento

Address: 60 Harvard Mill Square

Wakefield, MA 01880-3208

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

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

\_\_\_\_\_

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

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

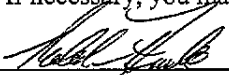
\_\_\_\_\_

Treasurer: Ronald Fuccillo

Address: 60 Harvard Mill Square Wakefield, MA 01880-3208

*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. Ronald Fuccillo, Treasurer

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

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

### Purpose Clause

To engage in the business of providing home health care services and provide staffing for health care services, and, in general, to carry on any other lawful business permitted by the laws of the Commonwealth of Massachusetts to a corporation organized under Chapter 156B of the Massachusetts General Laws. This corporation shall not engage in any activity which constitutes the practice of medicine as regulated by the Board of Medicine.

### Officers & Directors

- |    |                   |                        |
|----|-------------------|------------------------|
| 1. | Full Name:        | Nicholas J. Lento      |
|    | Officer/Director: | Officer, Director      |
|    | Officer's Title:  | President              |
|    | Business Address: | 60 Harvard Mill Square |
|    | City:             | Wakefield              |
|    | State:            | MA                     |
|    | ZIP Code:         | 01880-3208             |
| 2. | Full Name:        | Ronald Fuccillo        |
|    | Officer/Director: | Officer, Director      |
|    | Officer's Title:  | Treasurer/Clerk        |
|    | Business Address: | 60 Harvard Mill Square |
|    | City:             | Wakefield              |
|    | State:            | MA                     |
|    | ZIP Code:         | 01880-3208             |
| 3. | Full Name:        | Michael N. Sheetz      |
|    | Officer/Director: | Officer                |
|    | Officer's Title:  | Asst. Clerk            |
|    | Business Address: | 225 Franklin St.       |
|    | City:             | Boston                 |
|    | ZIP Code:         | 02110                  |

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TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 5, 2001

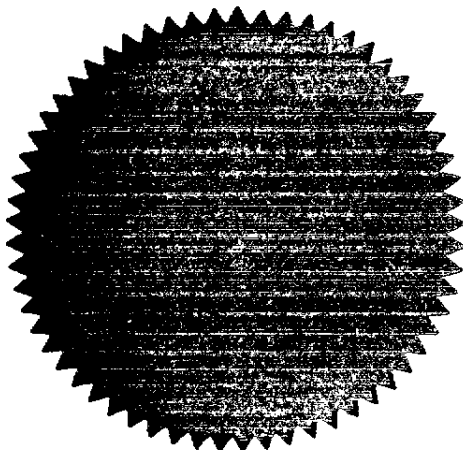
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**NEW BOSTON MEDICAL STAFFING, INC.**

is a domestic corporation organized on **January 1, 1996**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

