

FO2000001046

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medcare Advantage, 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:

<u>Bill Cavanaugh</u> (Name of Person)	<u>600005020866--3</u> -02/26/02-01033-003 *****78.75 *****78.75
<u>Medcare Advantage, Inc.</u> (Firm/Company)	
<u>1011 Camino Del Rio S., Ste. 320</u> (Address)	
<u>San Diego, CA 92108</u> (City/State and Zip code)	

For further information concerning this matter, please call:

Bill Cavanaugh at (800) 568-2382
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

02 FEB 26 PM 7:50
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. Medcare Advantage, 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. 33-05691688

(FEI number, if applicable)

4. 7-1-93

(Date of incorporation)

5. Perpetual

(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.)

7. 1011 Camino Del Rio South, Ste. 320, San Diego, CA 92108

(Principal office address)

Same

(Current mailing address)

8. All lawful business

(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: Aaron J. Gold, Esq.

Office Address: 704 W. Bay St.

Tampa , Florida 33606
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William CavanaughAddress: 2702 Jacaranda Ave.
Carlsbad, CA 92009Director: Bertha BaliskyAddress: 196 Peppertree Rd.
Chula Vista, CA 91910

B. OFFICERS

President: William CavanaughAddress: 2702 Jacaranda Ave.
Carlsbad, CA 92009

Vice President: _____

Address: _____

Secretary: Bertha BaliskyAddress: 196 Peppertree Rd., Chula Vista, CA 91910Treasurer: dk

Address: _____

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TALLAHASSEE, FLORIDA

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

13. u/cw _____

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

14. William Cavanaugh, President _____

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

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the **3rd day of June, 1993**, **MED-CARE ADVANTAGE CORPORATION** 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.

THE
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TAKES
STATE
FLORIDA
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IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of January 18, 2002.



BILL JONES
Secretary of State

mmm