F02000001389

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CREATIVE NURSING MANAGEMENT INCORPORATED
(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:

BRANISLAV R. STANKOVSKY
(Name of Person)

100005109981--9
-03/15/02--01027--005
*****87.50 *****87.50

CREATIVE NURSING MANAGEMENT INC
(Firm/Company)

1701 EAST 79th ST STE 1
(Address)

MINNEAPOLIS MN 55425-1151
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

BRANO STANKOVSKY at (952) 854-9015
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name Availability
Document Examiner
Updater
Updater Verifyer
Acknowledgement
W. P. Verifyer

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

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. CREATIVE NURSING MANAGEMENT, 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. MINNESOTA
(State or country under the law of which it is incorporated)

3. 06-1030888
(FEI number, if applicable)

4. 11-6-1980
(Date of incorporation)

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

6. APRIL 2002
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1701 EAST 79TH STE #1
MINNEAPOLIS MN 55425-1151
(Current mailing address)

8. HEALTHCARE CONSULTING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: LEAH KINNAIRD

Office Address: 9040 SW 97 TERRACE

MIAMI FL, Florida, 33176
(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.

Leah A Kinnaird
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: JAYNE FELGEN

Address: 8655 MAPLE GROVE RD

SPRING GROVE PA 17362

Vice Chairman: COLLEEN PERSON

Address: 5500 NEWTON AVE SO

MINNEAPOLIS MN 55419

Director: BRANISLAV STANKOVSKY

Address: 1542 TAMARACK DR

LONG LAKE MN 55356

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

President: JAYNE FELGEN

Address: 8655 MAPLE GROVE RD

SPRING GROVE PA 17362

Vice President: COLLEEN PERSON

Address: 5500 NEWTON AVE So

MINNEAPOLIS MN 55419

Secretary:

Address:

Treasurer: BRANISLAV R STANKOVSKY

Address: 1542 TAMARACK DR

LONG LAKE MN 55356

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

13. Branislav R. Stankovsky
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRANISLAV R. STANKOVSKY
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

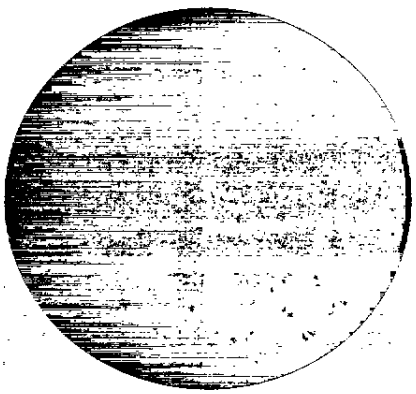
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; that this corporation is authorized to do business as a corporation at the time this certificate is issued; and that amendments to the articles of that corporation were filed on the dates listed below.

Name: Creative Nursing Management, Inc.

Date Formed: 07/28/1986

Chapter Governed By: 302A

Amendments Filed On:
07/28/1986-ORIG FILING-4950 Dupont Ave S
- -Mpls MN 55409-
-NAME -Creative Nursing Management, Inc.



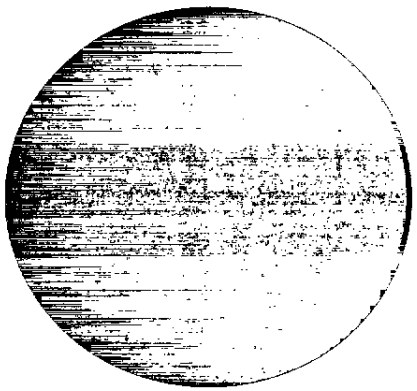
Mary Kiffmeyer
Secretary of State.

State of Minnesota

SECRETARY OF STATE

07/31/1986-MERGER	-Creative Nursing Management, Inc.	
-	-(unqual CT corp)	
11/21/1988-REG OFF	-	
-	-614 E Grant Str	
-	-Mpls	MN 55404-
08/29/2000-REG OFF	-	
-	-1701 E 79th Str #1	
-	-Blmgtn	MN 55425-

This certificate has been issued on 03/13/02.



Mary Kiffmeyer
Secretary of State.