

FO2000001773

TRANSMITTAL LETTER

4/10

TO: Registration Section  
Division of Corporations

MJH

SUBJECT: Specialty Professional Services Corp.  
(Name of corporation - must include suffix) 1

Dear Sir or Madam: 00855-00734-00720-00963  
\$2500.00

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:

W02-7814

Marianne Hedberg-Allyn  
(Name of Person)

Specialty Professional Services Corp.  
(Firm/Company)

43-24 Clearview Exp.  
(Address)

Bayside, NY 11361  
(City/State and Zip code)

Specialty Professional Services  
43-24 Clearview Expressway  
Bayside, NY 11361

For further information concerning this matter, please call:

600005109126--B  
-03/15/02--01005--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Marianne Hedberg Allyn at 718, 428-3600  
(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

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02 APR 10 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 20, 2002

MARIANNE HELBERG-ALLYN  
43-24 CLEARVIEW EXP.  
BAYSIDE, NY 11361

SUBJECT: SPECIALTY PROFESSIONAL SERVICES, CORP.  
Ref. Number: W02000007814

We have received your document for SPECIALTY PROFESSIONAL SERVICES, CORP. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

A photocopy of the certificate of existence is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 502A00016743



**SPECIALTY  
PROFESSIONAL  
SERVICES**

April 9, 2002

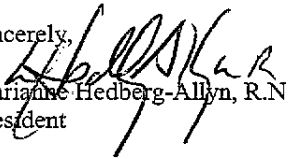
Ms. Michelle Hodges  
Document Specialist  
Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hodges,

This letter is to confirm our telephone conversation that item #6 was incorrectly filled out on my application for foreign corporation to transact business in Florida. There has been no transacted business and transactions will commence upon qualification.

Thank you in advance for your cooperation. I can be reached at 1-800-863-3666 if you have any questions.

Sincerely,

  
Marianne Hedberg-Allyn, R.N.,  
President

Letter number: 502A00016743

*SPECIALIZING IN FIRST CLASS ASSIGNMENTS*

43-24 CLEARVIEW EXPRESSWAY, BAYSIDE, NY 11361 NY: 718/428-3600 1-800/863-3666 FAX: 718/225-9421  
www.specialtyproserv.com email: info@specialtyproserv.com

**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. Specialty Professional Services Corp.  
 (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. New York 3. 11-3150144  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/22/93 5. perpetual  
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 2000  
 (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. 43-24 Carver Exp. Bayside NY 11361  
 (Principal office address)

same as above  
 (Current mailing address)

8. Provide nursing personnel to hospitals  
 (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: Virginia Willis  
 Office Address: 19355 Tranberry way #110  
Aventura FL., Florida 33180  
 (City) (Zip code)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.*

[Signature]  
 (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: Matthew Scler

Address: 43-24 Cleonville Exp.  
Bayside N.Y. 11361

Vice Chairman: Monique Helber Allen

Address: 43-24 Cleonville Exp.  
Bayside, N.Y. 11361

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

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

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

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

B. OFFICERS

President: Matthew Scler

Address: 43-24 Cleonville Exp.  
Bayside N.Y. 11361

Vice President: Monique Helber Allen

Address: 43-24 Cleonville Exp.  
Bayside N.Y. 11361

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

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

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

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

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

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

14. Monique Helber Allen  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State


I hereby certify, that the Certificate of Incorporation of *SPECIALTY PROFESSIONAL SERVICES CORP.* was filed on 03/22/1993, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 03/11/1999.

A Biennial Statement was filed 04/18/2001.

I further certify, that no other documents have been filed by such Corporation.

\*\*\*  
Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of October  
two thousand and one.



*[Signature]*  
Special Deputy Secretary of State

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