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SUBJ	ECT: Mc	et leavire	reilations	Group The
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Dear S	Sir or Madam:			Chicks
"Certi		ion by Foreign Corporation e", and check are submitted lorida.		
Please	return all corresp	ondence concerning this ma	atter to the following:	
	Josev	in Ludia	. •	
		Name (Name	e of Person)	
	Nati	onal Hosp	ralise Ca	coure
		(Firm	(Company)	
	3900	Paradire	ES. Sw.	5 - U
		(A	ddress)	
	Las	Legas MV	&Q\OQ ate and Zip code)	
		(City/Sta	ate and Zip code)	
For fu	rther information	concerning this matter, plea		7000051799974 -04/01/0201069007 *****78.75 *****78.75
0	(Name of Perso	at (80)	47) 374 89	79
	(Name of Perso	on) C (Ar	ea Code & Daytime Telepi	none Number)
	ET ADDRESS:		MAILING ADDRES	SS:
_	ration Section on of Corporation	ıs	Registration Section Division of Corporati	ons
	Gaines St.		P.O. Box 6327	
Tallah	assee, FL 32399		Tallahassee, FL 323	14
Enclos	sed is a check for	the following amount:		
□ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

U02-9278 J. BRYAN APR - 3 2002 J. BRYAN MAY 8 2002

Certified Copy



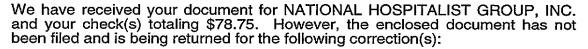
## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 3, 2002

JOSEPH LUDWIG 3900 PARADISE RD., STE. U LAS VEGAS, NV 89109

SUBJECT: NATIONAL HOSPITALIST GROUP, INC.

Ref. Number: W02000009278



The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We retained your certificate in our office.,

Please return the original and one copy of your document, along with 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) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 202A00019556

ON THE REAL PROPERTIES

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

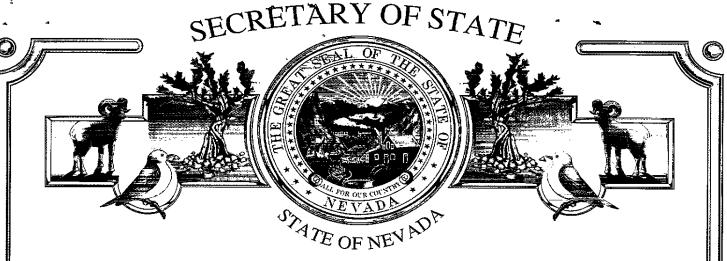
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Marional Hospitalist Caroup 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. Neu ada USA 3. 88-040957 Fel number, if applicable) 3. (State or country under the law of which it is incorporated)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/28/1998 5. Per per (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 5.
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. (State or country under the law of which it is incorporated)  3. (FEI number, if applicable)  4. (Date of incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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. 440 Timberwalk Court # 924
7. 440 Timberwalk Court # 924 (Principal office address)
Ponte Vedra FL 32082 (Current mailing address)
(Current mailing address)
8. Hospital Services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: Joseph Ludwig
Office Address: 440 Timber walk Court # 924
Ponze Vedra, Florida 32081 (City) (Zip code)
(City) (Zip code)
10. Desistant de mantin accomtantes
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.
Joseph A. Judewey
(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. DIRECT	ORS
Chairman:	Joseph A. Ludwig III of the
Address:	3900 Paradise Rd, Swiner 300 32
	Las Vegas, MV 89109
	3900 Paradise Rd, Swiner Hong, The Las Vegas, NV 89109
Address:	
	De la companya della
Director:	Sandra Ludwig
Address:	3900 Para dise Rd., Suizel
	Las Vegas, MV 89109
Address:	
B. OFFICE	ORS .
President:	Joseph A. Ludwig III
Address:	3900 Paradice Roed Swizell
	Las Vegas, NV 89109
	t:
Address:	
Secretary:	Sandra Ludwig
Address:	3900 Paradise Road, Suiter, Las Vieros MV 89109
Treasurer:	
Address:	
NOTE: If n	ecessary, 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.	Joseph A. Ludwig TI Chairman President
~ **	(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NATIONAL HOSPITALIST GROUP, INC. as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 28, 1998, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **February 25, 2002**.

Secretary of State

Shackwat

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Certification Clerk