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FILED
02 MAY 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 591560 4329479

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 22, 2002

ORDER TIME : 10:13 AM

ORDER NO. : 591560-005

CUSTOMER NO: 4329479

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-05/22/02--01042--022

***2378.75 ***2378.75

CUSTOMER: Jennifer Treadwell, Paralegal
Baker & Hostetler LLP
200 South Orange Avenue
Suite 2300
Orlando, FL 32801

FOREIGN FILINGS

NAME: STAFFMD, INC.

~~STAFFMD, INC.~~

4

RECEIVED
02 MAY 22 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

Adm - 2,300.00
CF 70.00
CERT 8.75

EXAMINER: _____

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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TALLAHASSEE, FLORIDA

1. StaffMD, 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. Georgia

(State or country under the law of which it is incorporated)

3. 582495188

(FEI number, if applicable)

4. April 7, 2000

(Date of incorporation)

5. Perpetual

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

6. October 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. 3 Nephthytis Court, Homosassa, Florida 34446

(Principal office address)

3 Nephthytis Court, Homosassa, Florida 34446

(Current mailing address)

8. Physician recruiting services.

(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: Jeffrey E. Sisk

Office Address: 3 Nephthytis Court

Homosassa

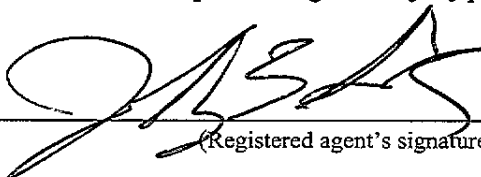
(City)

, Florida 34446

(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.



(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: Jeffrey E. Sisk

Address: 3 Nephthytis Court

Homosassa, Florida 34446

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey E. Sisk

Address: 3 Nephthytis Court

Homosassa, Florida 34446

Vice President: _____

Address: _____

Secretary: Salina Sisk

Address: 3 Nephthytis Court, Homosassa, Florida 34446

Treasurer: _____

Address: _____

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. Jeffrey E. Sisk, President and Director

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

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TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0017008
DATE INC/AUTH/FILED: 04/07/2000
JURISDICTION : GEORGIA
PRINT DATE : 05/13/2002
FORM NUMBER : 211

02 MAY 22 PM 3:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
LYNETTE COLEMAN
1201 HAYS STREET
TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

STAFFMD, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020513155425846



Cathy Cox
Cathy Cox
Secretary of State