

# F02000003979

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Agentry Medical Medical Staffing, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-08/05/02--01055--023  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Matthew J. Lefevre, Esq.

(Name of Person)

The Law Offices of Matthew J. Lefevre, Esq., P.C.

(Firm/Company)

94 Church Street

(Address)

Torrington, Connecticut 06790

(City/State and Zip code)

For further information concerning this matter, please call:

Renee Turbeville

(Name of Person)

at ( 860 ) 623-5938

(Area Code & Daytime Telephone Number)

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02 AUG -5 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

BK

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. Agentry Medical Staffing, 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. Connecticut 3. 06-1585192  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 31, 2000 5. Perpetual  
(Date of incorporation) (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. 101 Ella Grasso Turnpike, Windsor Locks, CT 06096  
(Principal office address)

101 Ella Grasso Turnpike, Windsor Locks, CT 06096  
(Current mailing address)

8. Personnel and Medical Staffing Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

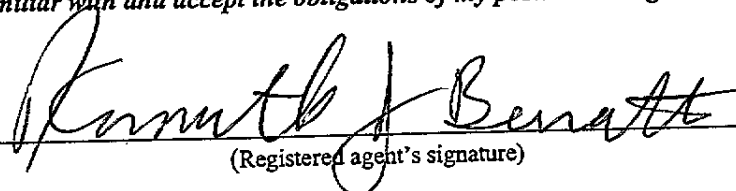
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Kenneth J. Buratti

Office Address: 5027 Cerromar Drive  
Naples, Florida 34112, Florida \_\_\_\_\_  
(City) (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.

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STATE OF FLORIDA  
TALLAHASSEE

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

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Kenneth J. Buratti

Address: 21 Cob Tail Way, Simsbury, CT 06070

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

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

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kenneth J. Buratti

Address: 21 Cob Tail Way, Simsbury, CT 06070

Vice President: \_\_\_\_\_

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

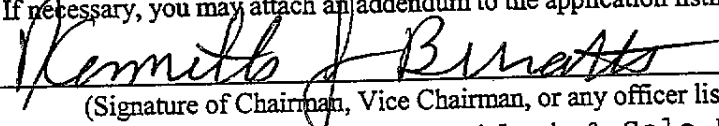
Secretary: Kenneth J. Buratti

Address: 21 Cob Tail Way, Simsbury, CT 06070

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. Kenneth J. Buratti, President & Sole Director  
(Typed or printed name and capacity of person signing application)

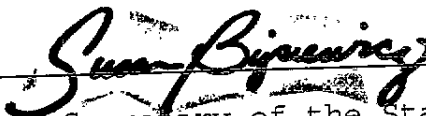
Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

AGENTRY MEDICAL STAFFING, INC.

a STOCK corporation under the Connecticut General Statutes was filed  
in this office on July 31, 2000.

Insofar as the records of this office reveal, the corporation is in  
existence.

  
Secretary of the State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Date Issued: July 25, 2002