

F02000004012

TRANSMITTAL LETTER

(4)

TO: Registration Section
Division of Corporations

FOR CORP \$6

SUBJECT:

Kenneth Nissim MD PA

(Name of corporation - must include suffix)

Dear Sir or Madam:

300006914173--4
-08/06/02--01039--005
*****87.50 *****87.50

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:

Kenneth Nissim

(Name of Person)

Kenneth Nissim MD PA

(Firm/Company)

430 Grand Bay Drive Apt. 604

(Address)

Key Biscayne, FL 33149

(City/State and Zip code)

MJH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG -6 AM 8:52

FILED

For further information concerning this matter, please call:

Kenneth Nissim (305) 365-2161

(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

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. Kenneth Nissim MD. PA Incorporated

(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. Delaware 3. _____

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

(FEI number, if applicable)

4. 9/17/98 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. 2409 Delaware Ave Wilmington DE 19806

(Principal office address)

430

(Current mailing address)

8. Medical Practice, Public Speaking Consultant
(Purpose(s) of corporation authorized in home state of 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: Judith Schalit

Office Address: 445 Grand Bay Drive Apt. 1111

Key Biscayne, Florida 33149
(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.

Judith Schalit
(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Kenneth Nissim MD

Address: 430 Grand Bay Drive #604
Key Biscayne, FL 33149

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kenneth Nissim MD

Address: 430 Grand Bay Drive #604
Key Biscayne, FL 33149

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Robyn Nissim

Address: 430 Grand Bay Drive #604
Key Biscayne, FL 33149

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

13.  MD

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

14. Kenneth Nissim MD

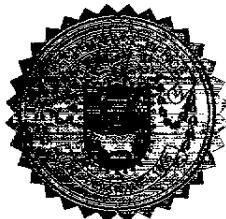
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KENNETH NISSIM M.D., P.A." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2002.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2944335 8300

AUTHENTICATION: 1896536

020466728

DATE: 07-22-02