

F0300000 / 1107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

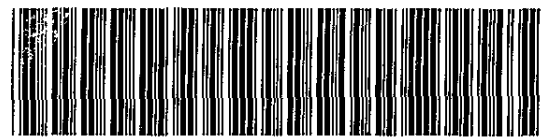
F03-1107

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 10 5 07 PM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Medical Information Service Cooperative
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

YiLi Zhou
(Name of Person)

North American Medical Information Service Cooperative Inc
(Firm/Company)

231 E. Emid Dr
(Address)

Key Biscayne, FL 33149
(City/State and Zip code)

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MAR - 5 PM 4:07

For further information concerning this matter, please call:

YiLi Zhou at (305) 365-5235
(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



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 11, 2003

YILI ZHOU
NORTH AMERICAN MEDICAL INFORMATION SVC
231 E ENID DR.
KEY BISCAYNE, FL 33149

SUBJECT: NORTH AMERICAN MEDICAL INFORMATION SERVICE
COOPERATIVE INC
Ref. Number: W03000004082

We have received your document for NORTH AMERICAN MEDICAL INFORMATION SERVICE COOPERATIVE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

No person doing business in this state shall be entitled to use the word "cooperative" as part of its corporate or other business name unless it has complied with the provisions of Chapter 617, 618, or 619, Florida Statutes.

If the corporation is a not-for-profit corporation, it should complete the enclosed blank form pursuant to Chapter 617. If the corporation is a for-profit corporation, you should use the enclosed blank form to adopt a name for use in Florida, and that name must not include the word "cooperative."

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 203A00009196

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -5 PM 4:08

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attention Lee Rivers
Document Specialist

March 3, 2003

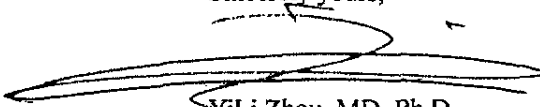
Dear Mr. Rivers:

As per your request, I have filled the form "Resolution of Board of Directors". We have adopted the new name "North American Medical Information Service" for use in State of Florida.

Please feel free to contact me if you have further question.

Thanks.

Sincerely yours,



Yili Zhqu, MD. Ph.D.

Chairman
North American Medical Information Service
231 E Enid Drive
Key Biscayne, FL 33149
Email: yz019@yahoo.com

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DIVISION OF CORPORATIONS
03 MAR - 5 PM 4: 08

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned YILI Zhou, do hereby certify
(Name)

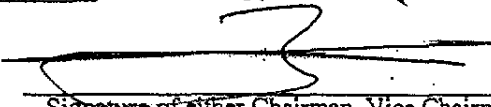
that this Resolution of the Board of Directors of North American Medical
Information Service Cooperative INC
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Pennsylvania
was duly adopted on _____

Be it resolved, that North America Medical information Service Cooperative INC
(Corporate Name)

organized and existing in the State of Pennsylvania, hereby adopts the name
North American Medical information Service, INC for use in Florida.

Dated: 2/26/03


Signature of either Chairman, Vice Chairman or any officer

YILI Zhou

Type or print name

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SECRETARY OF CORPORATIONS
03 APR -5
11:08

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. North American Medical Information Service Cooperative 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. Pennsylvania (State or country under the law of which it is incorporated) 3. N/A (FEI number, if applicable)

4. Feb. 25, 2000 (Date of incorporation) 5. 10 years (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. 231 E. Enid Dr. Key Biscayne, FL 33149 (Principal office address)

231 E. Enid Dr. Key Biscayne, FL 33149 (Current mailing address)

8. Company moved to 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: YiLi Zhou

Office Address: 231 E. Enid Dr.

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.

(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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -5 PM 4:08

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

A. DIRECTORS

Chairman: YiLi Zhou

Address: 231 E Enid Dr.

Key Biscayne, FL 33149

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: YiLi Zhou

Address: 231 E. Enid Dr

Key Biscayne, FL 33149

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Sally Lin

Address: 231 E. Enid Dr. Key Biscayne, FL 33149

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR - 5 PM 4: 08

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. YiLi Zhou

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 13, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NORTH AMERICAN MEDICAL INFORMATION SERVICE COOPERATIVE INC

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

FILED STATE
SECRETARY OF CORPORATIONS
03 MAR -5 PM 1: 08
DIVISION OF CORPORATIONS



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

C. Michael Stewart

Secretary of the Commonwealth

DPOS