F03000002146

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TO:		ration Section on of Corporations			
SUBJ	ECT:	CCT: Inpatient Clinical Solutions, Inc.			
		(Name of corporation - must include suffix)			
Dear S	Sir or Ma	adam:			
"Certi	ficate of	"Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation liness in Florida.	۔ ت		
Please	e return a	Marcus G. Boxer W02-7865 (Name of Person) Towes, Boxer Harrison LCC (Firm/Company)	, , , ,		
		(Name of Person)	2≓ √m		
		TONES BODET & HARRISON LICE 3	දූප් අ		
		(Firm/Company)	# -		
		(Address)	'' .		
		(Address)	1.		
		Mianu, FLORIDA 33/32 (City/State and Zip code)	5/		
	7				
For fu	ırther inf	90008071089- -09/27/02010330 formation concerning this matter, please call: *****78.75 ******7	~ ~~		
		· · · · · · · · · · · · · · · · · · ·			
N	(Nam	at (305) 357-0797 ne of Person) (Area Code & Daytime Telephone Number)			
STRI	EET AD	DRESS: MAILING ADDRESS:			

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323740008071089
05/01/03-01002-023 **2300.00

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 3, 2002

MARCUS G. BODET JONES, BODET & HARRISON LLC 111 NE FIRST STREET, 9TH FLOOR MIAMI, FL 33132

SUBJECT: INPATIENT CLINICAL SOLUTIONS, INC.

Ref. Number: W02000028605

We have received your document for INPATIENT CLINICAL SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The date first transacted business in Florida within the meaning of s. 607.1501 or, 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 / PO BOX 6327/TALLAHASSEE FL / 32304

JONES, BODET & HARRISON LLC

III NE First Street Ninth Floor Miami, Florida 33132-2517 PHONE (305) 357-0297 Fax (305) 357-0564 E-mail: mbodet@jbhlaw.com

February 10, 2003

Via U.S. Mail

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Inpatient Clinical Solutions, Inc. (Ref No. W02000028605)

To Whom It May Concern:

Please find enclosed Certificate of Existence with Status in good standing issued by the Secretary of State for Nevada. This document was not forwarded earlier due to the lengthy period of time in acquiring same from Nevada.

As Inpatient Clinical Solutions is a foreign corporation in good standing, we request that no civil penalties be incurred for conducting business in Florida, as they have been unduly hindered in providing documentation for same on a timely basis.

We hope that ICS has now complied with all requirements so as to receive authorization to transact business in Florida. As such, please find attached application for re-submission.

Thank you, in advance, for your attention to this matter. Should you have any other concerns regarding this application, please do not hesitate to contact my office.

Sincerely,

JONES, BODET & HARRISON LLC

Marcus G. Bodet, Esq.

Encls: Certificate of Good Standing
Application

MB/nm



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 13, 2003

MARCUS G. BODET JONES, BODET & HARRISON LLC 111 NE FIRST STREET, 9TH FLOOR MIAMI, FL 33132

SUBJECT: INPATIENT CLINICAL SOLUTIONS, INC.

Ref. Number: W02000028605

We have received your document for INPATIENT CLINICAL SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist TARY OF STATIONS
TARY OF AM 8: 45

Letter Number: 903A00009763

JONES, BODET & HARRISON LLC

III NE FIRST STREET NINTELFLOOR MIAML FLORIDA 33132-2517

PHONE (305) 357-0297 Fax (305) 357-0564 E-mail: mbodlt@jbiilaw.com

April 25, 2003

Via U.S. Mail

Lee Rivers
Document Specialist
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Inpatient Clinical Solutions, Inc. (Ref No. W02000028605)

Dear Mr. Rivers:

Please find enclosed check number 1441 in the amount of \$2300.00 for the purpose of having the above company qualified to do business as a foreign corporation pursuant to your February 13, 2003 letter. (See attached).

In addition, please find enclosed the Application by a foreign corporation to do business in Florida as also requested in you February 13, 2003 letter.

Thank you, in advance, for your attention to this matter. Should you have any other concerns regarding this application, please do not hesitate to contact my office.

Sincerely,

JONES, BODET & HARRISON LLC

Marcus G. Bodet, Esq.

Encls: Check Number 1441
Application

MB/nm

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. Inpatient Clinical Solutions, 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. Florida VEVADA 3. 65-1011679	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	 ·
4. July 31, 7001 (Date of incorporation) 5. TELPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. July 31, 2001 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."	<u>-</u>
(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. 12233 N.W. 35th Street, Coral Springs, FL 33065	_
(Principal office address)	_
6574 N. State Road 7 #153 Coconut Creek, FL 33073	및
(Current mailing address)	SCURE
8. To provide in PATIONT HOSPITALISTS SERVICES AND MY (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	THE ALLOWS
(x aipose(s) of corporation authorized in nome state of country to be carried out in state of Florida)	- 25°
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	0. 翼
Name: MARCUS BODET	RESTAFFINES RESTAFFINES
Office Address: 111 NE FIRST STREET, 9th Floor	
Minul , Florida 33/32 (City) (Zin code)	-
(City) (Zip code)	
10. 10. 11. 11. 11. 11. 11.	

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. DIKE	A TORS
Chairman:	Ozzie Bloom
Address:	6574 N. State Road 7 #153
	Coconut Creek, FL 33073
- Vice Chair	rman: Hina Sharma, M.D.
Address:	6574 N. State Road 7 #153
Address.	Coconut Creek, FL 33073
Director:	
Address:	
,	
Director:	
Address:	
B. OFF	ICERS STATE OF THE
President:	Ozzio Bloom
Address:	6574 N. State Road 7 #153
114414	Coconut Creek, FL 33073
Vice Presi	Hina Sharma M.D.
Address:	6574 N. State Road 7 #153
	Coconut Creek, FL 33073
Secretary:	Hina Sharma
Address:	Same
Treasurer	:
NOTE: 13	If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) OZUE BLOOM PLS-DENT (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, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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, **INPATIENT CLINICAL SOLUTIONS**, **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 July 31, 2001, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 4, 2003.

DEAN HELLER
Secretary of State

en Helle

Certification Clerk