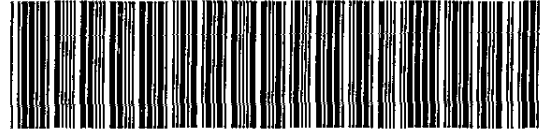


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FILED
03 MAY 23 PM 3:23

CLERK OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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03 MAY 23 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Integral Travel Nurses, Inc.

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

(Name of Person)

at (_____)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☐ \$70.00 Filing Fee

☐ \$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**

FILED

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.

JAN 28 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Integral Travel Nurses, 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. Kansas 3. 48-1256100
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 14, 2002 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. February 7, 2003
(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. 6811 Shawnee Mission Pkwy, Bldg 1, Ste 115, Overland Park, KS 66202
(Principal office address)
same as above
(Current mailing address)

8. on-call nursing services / travel nursing
(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: MR. DANA SCHUCKMAN

Office Address: 11000 PORTOFINO CIRCLE, #109

PALM BEACH GARDENS, Florida 33418
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jason R Mateo

Address: 6811 Shawnee Mission Pkwy, Bldg 1, Ste 115
Overland Park, KS 66202

Vice President: _____

Address: _____

Secretary: Gregoria F Mateo

Address: 6811 Shawnee Mission Pkwy, Bldg 1, Ste 115, Overland Park, KS 66202

Treasurer: _____

Address: _____

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

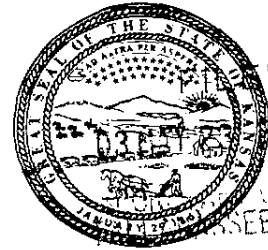
13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jason R Mateo
(Typed or printed name and capacity of person signing application)

FILED
03 MAY 23 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



APR 11 3:23

STATE
SEES, FLORIDA

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

INTEGRAL TRAVEL NURSES, INC

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 14th day of February, A.D. 2002 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
9th day of April, A.D. 2003



RON THORNBURGH
SECRETARY OF STATE