

FD3000005382

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000305877 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FOREIGN PROFIT QUALIFICATION

APOLLO HEALTH STREET INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

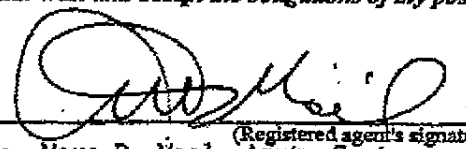
RECEIVED 03 OCT 28 11:03:36
03 OCT 29 AM 7:48:13

JB
10290

HD3000305877 3

**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. APOLLO HEALTH STREET INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State of Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 9th, 2002 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(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. 990 Stewart Avenue, Suite 60, Garden City, New York 11530
(Principal office address)
Same
(Current mailing address)
8. Health care 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: BlumbergExcelsior Corporate Services, Inc.
Office Address: 4435 Old Winter Garden Road
Orlando Florida 32811
(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)
By: Marc D. Moel, Asstr Secty.
For: BlumbergExcelsior Corporate Services, Inc., Its Agent
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.

BlumbergExcelsior Corporate Services, Inc.
62 White Street, NYC 10013
(212)431-5000

HD3000305877 3

H0300005877 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ram Narayan SinghAddress: 4050 Hillcrest Point WaySuwanee, Georgia 30024

Director: _____

Address: _____

B. OFFICERS

President: Ram Narayan SinghAddress: 4050 Hillcrest Point WaySuwanee, Georgia 30024

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. R. N. Singh
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Ram Narayan Singh President
(Typed or printed name and capacity of person signing application)BlumbergExcelsior Corporate Services, Inc.
62 White Street, NYC 10013
(212)431-5000

H03000305877 3

H03000305877 3

Delaware

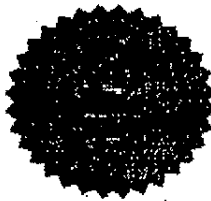
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOLLO HEALTH STREET INC." 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 TENTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOLLO HEALTH STREET INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3599775 8300

AUTHENTICATION: 2297334

030157220

DATE: 03-10-03

H03000305877 3