F04000001902

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | idress) | |
| | | |
| (Ac | ldress) | |
| (Cii | ty/State/Zip/Phone | e #) |
| | | <u></u> |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | · |
| (= - | , | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | - | |

Office Use Only



700030381667

03/16/04--01087--005 **87.50

04 APR -7 PM 1:50

V204/07/0

To

TRANSMITTAL LETTER

| _ | sion of Cor | | | | | | | | |
|---|----------------------------------|--------------|-------------------------------|-------------|---|------------------|---|------------------|--|
| SUBJECT: | INSTIT | UTO IS | SET, INC | | | | | | |
| SCHOOL CI. | | (Nam | e of Corporation | n – m | ust include suffix |) | | _ | |
| Dear Sir or M | ladam: | | | | | | | | |
| Affairs in Flo | orida", "Cert | ificate of l | | chec | rporation for Auth k are submitted to a. | | | | d |
| Please return | all correspo | ondence co | ncerning this n | natter | to the following: | | | | |
| Mr. JOH | IN DILLA | WAY | | | | | =- | | |
| | | | (Name | of Pe | rson) | : 10[1 | -12011 | _ | |
| MEDIC | AL SPEC | IALTY C | ONSULTAN | TS I | LC | WUT | -12011 | | |
| | | ······ | (Firm/ | Comp | any) | ·· | | _ | |
| 1268 M | IAIN STRE | EET : | SUITE 201 | Y.J. | | | | _ | |
| | | | (A | ddress | 5) | | | 0 | 2 |
| NEWIN | IGTON, C | T 0611 | | _ | | | | <u> </u> | VISI VISI VISI VISI VISI VISI VISI VISI |
| | | | (City/State | and Z | (ip Code | | · · · · · · · · · · · · · · · · · · · | _×× | 22 20 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| For further in | ıformation c | oncerning: | this matter, ple | ease c | all: | | | 04 APR -7 PM 1:5 | ARY OF S |
| | BONILLA of Person) | · | at | (A | 87) 587-64 rea Code & Dayti | 00 me Teleph | one Number | :50 | ATTOP S |
| STREET AI Registration of C Division of C 409 E. Gaine Tallahassee, | Section Forporations s St. | ł | | | MAILING ADI Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL | tion orations | | | |
| Enclosed is a | check for the | he followi | ng amount: | | | | | | |
| □ \$70.00 Fi | ling Fee | | Filing Fee & Ticate of Status | □ | \$78.75 Filing Fee Certified Copy | e& Ø | \$87.50 Filir Certificate Certified C | of Sta | • |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 29, 2004

MR. JOHN DILLAWAY MEDICAL SPECIALTY CONSULTANTS LLC 1268 MAIN STREET SUITE 201 NEWINGTON, CT 06111

SUBJECT: INSTITUTO ISSET, INC. Ref. Number: W04000012011

We have received your document for INSTITUTO ISSET, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Attached is a copy of the certificate you submitted, along with a copy of our instruction sheet. Please submit a notarized translation of your certificate, or a new certificate which is issued in English. Thank you.

Please return 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: 604A00020277

OV VOD - J. DM 1: 20

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| 1. | TO ISSET, INC. | | | | |
|------------------------------|---|--------------------------|---|--|---|
| in language as | oration: must include the word "INCO will clearly indicate that it is a corpor pany" or "Co." may not be used as a control of the control of | ation instead | l of a natural nerson or n | artnership if not so con | ations of like import itained in the name at |
| 2. PUERTO |) RICO | 3. | 66-0625584 | | |
| (State or coun | stry under the law of which it is incorp | orated) | (| FEI number, if applica | ble) |
| _{4.} May 19, | | 5 | PERPETUAL | (d) each | |
| | (Date of Incorporation) | | (Duration: Year co | orp. will cease to exist | or "perpetual") |
| υ. | APPROVAL | | | 44.75 | |
| (Date co | orporation first conducted Affairs in F | lorida - <i>See</i> . | sections 617.1501, 617.1 | 502, and 817.155, F.S | .) |
| 7. Calle Tu | ırabo H25, Las Haciendas, C | Caguas, F | uerto Rico 00726 | | |
| | | • | ffice address) | · | |
| - PMB 37 | 9, PO BOX 4956, Caguas P | | | | |
| | | (Current ma | iling address) | | |
| 8 OSHA T | RAINING CLASSES | | | | ON SE |
| | (Purpose(s) of corporation authorize | d in home s | tate or country to be carr | ied out in the state of F | loridat 55 |
| 9. Name and st | reet address of Florida registere | ed agent• (| PO Box or Mail Dro | n Boy NOT accental | 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 |
| | | a agonti (| r.o. box of Man Bio | Dox 1101 acceptat | |
| Name: | Mr. Schuyler Van Winkle | | | | PAR REPORT |
| | | | | • | - RE |
| Office Address: | 1671 Island Way | _ | | | य जू |
| | Weston | " • • • • • | | - | S |
| | (City) | | , Florida 33326 | (Zip Code) | |
| | (5.19) | | | (Dip Code) | |
| 10. Registered | l agent's acceptance: | | | _ | |
| Having been designated in | named as registered agent and to this application, I hereby accept | accept ser the annois | rvice of process for th utment as registered a | e above stated corpo cent and agree to ac | ration at the place |
| I further agr | ree to comply with the provisions : | of all statu | tes relative to the prop | ner and complete ne | rformance of my |
| aunes, ana 1 | am familiar with and accept the | obligations | of my position as reg | istered agent. | |
| | • | | | | |
| | | 19 /10 | 1/ | | |
| | July W | Wille | l C | | |
| | (R | egistered ag | ent'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 addresses of officers and/or directors:

| A. DIRI | ECTORS | | |
|----------------|---|--------------|---|
| Chairman | LUIS BONILLA JR. | | |
| Address:_ | PMB 379, PO BOX 4956, CAGUAS, PUERTO RICO 00726 | | |
| Vice Chai | irman: NONE | | |
| | | | · |
| Director:_ | Rolando Gonzalez | | |
| | PMB 379, PO BOX 4956, CAGUAS, PUERTO RICO 00726 | | |
| - Director: | JOHN DILLAWAY | | <u></u> |
| Address:_ | 1268 MAIN STREET, SUITE 201, NEWINGTON, CT 06111 | <u> </u> | |
| B. OFF | FICERS LUIS BONILLA JR. | D4 APR | NSIONET TANSION |
| | PMB 379, PO BOX 4956, CAGUAS, PUERTO RICO 00726 | 」 | FICOR OF S |
| Vice Pres | sident: NONE | 1: 50 | NATION OF THE PROPERTY OF THE |
| Address:_ | | | · |
| Secretary | , Maria Robles | | |
| Address: | PMB 379, PO BOX 4956, CAGUAS, PUERTO RICO 00726 | | |
| Treasurer | LUIS BONIELA SP | | |
| Address:_ | PMB 379, PO BOX 4956, CAGUAS, PUERTO RICO 00726 | | |
| NOTE : | If necessary, you may attach an addendum to the application listing additional officers and/or di | | |
| 14 | Tohn Dillaway - Director (Typed or printed name and capacity of person signing application) | | |

April 2, 2004

The Document translates as follows:

Commonwealth Of Puerto Rico Department of State San Juan, Puerto Rico

I, Gricel Falgas Rodriguez, sub director, registrar of corporations of the Department of State, Commonwealth of Puerto Rico.

Certify: That Instituto Isset, Inc, registration number 42,368 is a not for profit corporation organized under the law of Puerto Rico on May 19, 2003 at 4:08 p.m.

In testimony of which I sign this document and stamp the great seal of the commonwealth of Puerto Rico in the city of San Juan, today May 19, 2003

Signed

Gricel Falgas Rodriguez
Sub director
Registrar of Corporations

LIVISION OF CORPORATIONS

O4 APR -7 PM 1:50

Notarized English Translation

State of Connecticut
County of: Heartford
SS: New Maton

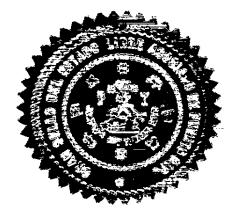
Maryann R. Borry
Notary Public
State of Connecticut
Hartford County
My Commission Expires Oct. 31, 2007



ESTADO LIBRE ASOCIADO DE PUERTO RICO DEPARTAMENTO DE ESTADO SAN JUAN PUERTO RICO

Yo, GRICEL FALGAS RODRIGUEZ, Subdirectora, Registro de Corporaciones del Departamento de Estado del Estado Libre Asociado de Puerto Rico.

CERTIFICO: Que. "INSTITUTO ISSET, INC." registro 42,368 es una corporación sin fines de lucro organizada bajo las leyes de Puerto Rico el 19 de mayo de 2003 a las 4:08 p.m.



EN TESTIMONIO DE LO CUAL, firmo la presente y hago estampar en ella el Gran Sello del Estado Libre Asociado de Puerto Rico, en la Ciudad de San Juan, hom diecinueve de mayo del dos mil tres.

Gricel Falgás Rodríguez Subdirectora

Registro de Corporaciones

GFR/crl 2003022508-\$7.00