

FILE No. 880-87/20 '04 4:04

ID: CSC TALLAHASSEE

FAX: 850 558 1515

PAGE 1

Division of Corporations

Page 1 of 1

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.

((H04000149724 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 : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 20 AM 8:52

FOREIGN PROFIT QUALIFICATION

MSO MEDICAL, INC.

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

RECEIVED
04 JUL 20 PM 3:27
DIVISION OF CORPORATION

07/21/04

Electronic Filing Menu

Corporate Filing

Public Access Help

4p

H04000149724 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. MSO MEDICAL, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 36-4513199

(FEI number, if applicable)

4. 8/30/2002

(Date of incorporation)

5. Perpetual

(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. 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

(Principal office address)

2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATION MAY BE ORGANIZED.

(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: Corporation Service Company

Office Address: 1201 WAVE STREET

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

[Signature]

(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:

H04000149724 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07-20 AM 8:52

H04000149724 3

A. DIRECTORS

Chairman: ALBERT HENRY

Address: 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

Vice Chairman: _____

Address: _____

Director: STEVEN C. STRAUS

Address: 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

Director: RANDY STEER

Address: 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

B. OFFICERS

President: STEVEN C. STRAUS

Address: 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

Vice President: _____

Address: _____

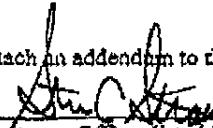
Secretary: DAVID STARR

Address: 2333 WAUKEGAN ROAD, SUITE 150, BANNOCKBURN, IL 60015

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. STEVEN C. STRAUS, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
04 JUL 20 AM 8:52

H04000149724 3

FILE No.980 07/20 '04 14:05 ID:CSC TALLAHASSEE
JUL-20-2004 TUE 01:23 PM CSC

FAX:850 558 1515
FAX NO. 2175444657

PAGE 4/ 4
P. 05/05

JUL. 20. 2004 1:11PM

NO.5269 P. 2

Delaware

H04000149724 3

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MSO MEDICAL, 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 TWENTIETH DAY OF JULY,
A.D. 2004.

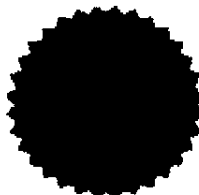
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSO MEDICAL,
INC" WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D.
2002.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 20 AM 8:52

3574362 8300

040529286



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3242689

DATE: 07-20-04

LOCATION:2175444657

RX TIME 07/20 '04 13:15 H04000149724 3