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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med-Link Staffing, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Delphine M Renaldy

(Name of Person)

Med-Link Staffing, Inc.

(Firm/Company)

2220 CR 210 West; Suite 108; Box #503

(Address)

Jacksonville, FL 32259

(City/State and Zip code)

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SUSAN PARKER, CLERK
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Del Renaldy

at (904) 657-1144

(Name of Person)

(Area Code & Daytime Telephone Number)

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

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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

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. Med-Link Staffing, Inc.

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

Med-Link Staffing, Inc. of Georgia

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

2. Georgia

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

3. 58-2499855

(FEI number, if applicable)

4. 11/02/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 08/01/04

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 353 S. Hampton Club Way; St. Augustine, FL 32092

(Principal office address)

2220 CR 210 West; Suite 108; Box #503; Jacksonville, FL 32259

(Current mailing address)

8. Physician Staffing Company

(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 NOT acceptable)

Name: Del Renaldy

Office Address: 8787 Southside Blvd; Apt. 4701

Jacksonville

(City)

Florida 32256

(Zip code)

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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.

Del Renaldy

(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: Carmen A. Renaldy IIIAddress: 8787 Southside Blvd; Apt 4701Jacksonville, FL 32256

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Vice President: _____

Address: _____
_____Secretary: Delphine M RenaldyAddress: 8787 Southside Blvd; Apt. 4701; Jacksonville, FL 32256Treasurer: Delphine M RenaldyAddress: 8787 Southside Blvd; Apt. 4701; Jacksonville, FL 32256

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

13. Carmen Renaldy Sec-Treasurer
(Signature of Director or Officer listed in number 12 of the application)14. Delphine M Renaldy, Sec-Treasurer
(Typed or printed name and capacity of person signing application)

**Secretary of State
Corporations Division
315 West Tower**

**#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530**

CONTROL NUMBER : K945314
DATE INC/AUTH/FILED: 11/02/1999
JURISDICTION : GEORGIA
PRINT DATE : 07/23/2004
FORM NUMBER : 211

MED-LINK STAFFING, INC.
DELPHINE M RENALDY
P.O. BOX 71537
MARIETTA, GA 30007-1

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

MED-LINK STAFFING, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040723140826341



Cathy Cox
Cathy Cox
Secretary of State