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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to i	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: The Surgeons-Link, Inc.						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence," and check are submitted to register the above referenced fore transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
Delphine M Renaldy						
(Name of Person)						
The Surgeons-Link, Inc.						
(Firm/Company)	FE F					
2220 CR 210 West; Suite 108; Box #503						
(Address)	26 SS					
Jacksonville, FL 32259						
(City/State and Zip code) For further information concerning this matter, please call:	2146 2146 51416 FLORIDA					
3	*					
Del Renaldy at (904) 657-1144						
(Name of Person) (Area Code & Daytime Telephone Num	iber)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns —					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$878.75 Filing Fee & □ \$	7.50 Filing Fee, ertificate of Status & ertified 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.	. Ine Surgeons	-Link, Inc.							
	(Enter name of o	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"					
		-Link, Inc. of Georgia			_				
	(If name unavail	ame unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida							
2.	· 		3.	58-2589335	_				
	State or country under the law of which it is incorporated) (FEI number, if applicable)			(FEI number, if applicable)					
4.	01/19/2001		5.	Perpetual					
	(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	T -:				
6.	08/01/04								
				n Florida, if prior to registration) 102, F.S., to determine penalty liability)	-				
7.	353 S. Hampto	n Club Way; St. Augustine, FL 32092							
		(Principal office a	ıdd	ress)					
	2220 CR 210 V	Vest; Suite 108; Box #503; Jacksonville,	FL	32259					
		(Current mailing a	ıdd	ress)	_				
8.		porary Staffing Company		CAHA CAHA					
	(Purpose(s) of corporation authorized in home state or	CO	untry to be carried out in state of Florida)	-				
9.	Name and stree	et address of Florida registered agent: (1	P.C	Box NOT acceptable)	i i				
	Name:	Del Renaldy		12:4 10:8/1	5				
o	ffice Address:	8787 Southside Blvd; Apt. 4701		10A					
		Jacksonville		, Florida _32250					
		(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.



- 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:		<u> </u>		
Address:		<u>, ta</u> '	<u>.</u>	- •00
Via Chairman			<u> </u>	t , <u>a</u>
Vice Chairman:				
Address:				
Director:				
Address:		<u></u>		
Director:				
Address:	<u> </u>		2.3	a consistence and a
B. OFFICERS President: Aaron P Risen		<u> </u>		-
Address: 13907 LaClara Way	م مراجع المحاجم المحاج			0
Carmen A. Renaldy III			ZHA8	7
Address: 8787 Southside Blvd; Apt 4701	, is a surroun	r		5
Jacksonville, FL 32256			- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	m
Secretary: Delphine M Renaldy			# 15 F	
Address: 8787 Southside Blvd; Apt. 4701; Jacksonville, FL	32256	<u>- · </u>		·-
Treasurer: Delphine M Renaldy	<u>.</u>		<u> </u>	
Address: 8787 Southside Bivd; Apt. 4701; Jacksonville, FL	32256		TO EST METS!	
NOTE: If necessary, you may attach an addendum to the ap	plication listing a	dditional officers	s and/or director	rs.
13. vom Renaldy		hoasen	er	
(Signature of Director or Officer listed	-			
(Typed or printed name and capacity	of person signing	g application)	<u>,</u>	· · · · · · · · · · · · · · · · · · ·

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0103731
DATE INC/AUTH/FILED: 01/19/2001
JURISDICTION : GEORGIA
PRINT DATE : 07/23/2004

FORM NUMBER : 211

THE SURGEONS-LINK, INC.
DEL RENALDY
PO BOX 71537
MARIETTA, GA 30007

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

THE SURGEONS-LINK, 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.

20040723142604078



Cathy Cox Secretary of State