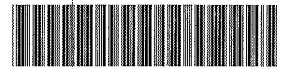
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF SALLING

BLUMENFELD

KAPLAN &

SANDWEISS

P.C.

ATTORNEYS AT LAW

168 NORTH MERAMEC AVENUE ST. LOUIS, MISSOURI 63105 TELEPHONE (314) 863-0800 FACSIMILE (314) 863-9388

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WWW.BKS-LAW.COM

August 13, 2004

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application by Foreign Corporation

Dear Sir/Madam:

I am enclosing the Application by Foreign Corporation for Authorization to Transact Business in Florida on behalf of MediCredit Financial Services, Inc. I have also enclosed a check, in the amount of \$87.50, representing the filing fee and Certificate of Status and Certified Copy fec. Please return the certified copies to my attention. I have provided a self-addressed return envelope for your convenience.

Please let me know if you have any questions or need additional information regarding the attached.

Sincerely,

Harlon D. Kee

Paralegal

/hk Enclosures

cc:

Bennett S. Keller, Esq. Amy R. Smith, Controller DIVISION OF CORPORALIONS

TRANSMITTAL LETTER

FO: Registration Section Division of Corporations
SUBJECT: Medi Cadit Financial, Services 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:
(Name of Person)
Medi Credit Financial Services Inc.
POBAN 7206
(Address)
Columbia, MO (65205)
(City/State and Zip code)
For further information concerning this matter, please call:
Amy R Smith at (503) 874-11 K2 ext 1/07 E Smith (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS: 99 A FREGISTRATION Section Registration Section 92 Fr
Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
3 \$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. (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. State of Misson; 3. 43-1602976 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 16, 1992 5 Perpentual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3620 I-70 Orive SF Smite C Columbia, MO.65201 (Principal office address)
PO BOX 7206 Columbia MD 65205
(Current mailing address)
8. Accounts Receivable Management (Purpose(s) of corporation authorized in home state or country to be ediffied out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
Plantation Florida 33324 Z
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.
TOWN
(Registered agent's signature)
J.L. Miles-Asst. Secy. 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: George H. Ousley, Jr.	
Address: PO BVX 7206	
Columbia, MD 65205	
Director:	
Address:	
B. OFFICERS	
President: Boonie K Baker	
Address: PO Box 7206	
Columbia MO 65205	
Vice President: CEO: George H. Ousley, Jr.	
Address: P 0 BN 7206	9 9
Colimbia, MD 65205	SEC:
Secretary: George H. Oasley, Jr.	
Address: PD Box 720h Columbia, MD	65205 ≥
Treasurer:	⇔
Address:	26
NOTE: If necessary you may attach an addendum to the application listing additional additional actions and the second sec	ional officers and/or directors.
13. Signature of Director or Officer listed in number 12 of the	anntination\
Ω_{-} $V \cap V_{-}$	аррисаноп)
(Typed or printed name and capacity of person signing ap	plication)

STATE OF MISSOURI



Matt Blunt Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MEDICREDIT FINANCIAL SERVICES, INC. 00364005

was created under the laws of this State on the 16th day of March, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 13th day of August, 2004

Secretary of State

Certification Number: 6930341-1 Reference: Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

