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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCVT, 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:

Susan E. Ball

(Name of Person)

Cross Country Healthcare, Inc.

(Firm/Company)

6551 Park of Commerce Blvd. #200

(Address)

Boca Raton, FL 33487

(City/State and Zip code)

For further information concerning this matter, please call:

Susan E. Ball

(Name of Person)

at (800) 347 2264

(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

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MCVT, INC.

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

n/a

(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. 20-1465207

(FEI number, if applicable)

4. August 5, 2004

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6551 Park of Commerce Blvd. #200 Boca Raton, FL 33487

(Principal office address)

6551 Park of Commerce Blvd. #200 Boca Raton, FL 33487 Attn: Corporate Paralegal

(Current mailing address)

8. Service 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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Cynthia L. Harris
(Registered agent's signature)

Cynthia L. Harris
as its 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:

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A. DIRECTORS

Chairman: See attached Officers/Directors Rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Susan E. Ball, Assistant Secretary
(Typed or printed name and capacity of person signing application)

MCVT, INC.
OFFICERS & DIRECTORS
FEIN: 20-1465207

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NAME/TITLE	BUSINESS ADDRESS
Officers:	Business Address
Edward Spadoni President	40 Eastern Avenue Malden, MA 02148
Emil Hensel Vice President	6551 Park of Commerce Blvd Boca Raton, FL 33487
Joseph A. Boshart Vice President	6551 Park of Commerce Blvd Boca Raton, FL 33487
Richard Ives Treasurer	6551 Park of Commerce Blvd Boca Raton, FL 33487
Stephen W. Rubin Secretary	1585 Broadway New York, NY 10022
Susan E. Ball Assistant Secretary	6551 Park of Commerce Blvd Boca Raton, FL 33487
Daniel Lewis Assistant Treasurer	6551 Park of Commerce Blvd Boca Raton, FL 33487
Directors:	
Thomas C. Dircks	535 Madison Avenue New York, NY 10022
Emil Hensel	6551 Park of Commerce Blvd Boca Raton, FL 33487
Edward Spadoni	40 Eastern Avenue Malden, MA 02148
Jonathan Ward	6551 Park of Commerce Blvd Boca Raton, FL 33487

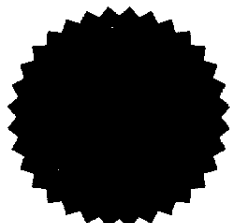
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCVT, 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 SIXTH DAY OF AUGUST, A.D. 2004.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3839472 8300

AUTHENTICATION: 3281243

040575032

DATE: 08-06-04