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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

FD5-1796
gl

DOCUMENT # W05000013951

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDNET BENEFITS 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:

HOWARD CRACOWER
(Name of Person)

MEDNET BENEFITS INC
(Firm/Company)

25 WEST BEAVER CREEK ROAD
(Address)

RICHMOND HILL, ONTARIO L4B 1K2
(City/State and Zip code)

For further information concerning this matter, please call:

HOWARD CRACOWER at (866) 663-3638
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 17, 2005

HOWARD CRACOWER
25 WEST BEAVER CREEK ROAD
RICHMOND HILL, ONTARIO, L4B 1-K2

SUBJECT: MEDNET BENEFITS INC.
Ref. Number: W05000013951

We have received your document for MEDNET BENEFITS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 105A00018486

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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Division of Corporations

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(Name of corporation - must include suffix)

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(City/State and Zip code)

For further information concerning this matter, please call:

HOWARD CRACOWER at (866) 663-3638
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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**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. MEDNET BENEFITS 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. ONTARIO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 3, 2002 5. PERPETUAL
(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. 25 WEST BEAVER CREEK ROAD, RICHMOND HILL, ON L4B 1K2
(Principal office address)

SAME
(Current mailing address)

8. TO SUPPORT OUR CLIENTS IN THE SALE OF MEDICAL DISCOUNT PROGRAMS IN FLA.
(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 St.

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.


(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: PLEASE SEE THE ATTACHED ADDENDUM

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

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

14. CEO & CHAIRMAN OF THE BOARD
(Typed or printed name and capacity of person signing application)

**SUMMARY INFORMATION SHEET
DIRECTORS AND OFFICERS**

Entity Name:	MedNet Benefits Inc.
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BOARD OF DIRECTORS

Director Name	Residential Address	Canadian Resident (Yes/No) (if No, residency)	Date Elected
Edie Almasi	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Yes	January 3, 2002
Howard Cracower	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Yes	August 20, 2004
Howard Fialkov	604 Castlefield Avenue Toronto, Ontario M5N 1L8 Canada	Yes	August 20, 2004

OFFICERS

Officer Name	Residential Address	Position	Date Appointed
Edie Almasi	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Treasurer	August 20, 2004
Howard Cracower	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Chairman of the Board	August 20, 2004
Howard Cracower	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Chief Executive Officer	January 3, 2002
Edie Almasi	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	President	January 3, 2002
Edie Almasi	7 Snowcrest Court Markham, Ontario L3S 2V9 Canada	Secretary	January 3, 2002

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 CLERK OF DISTRICT COURT
 ALACHUA COUNTY, FLORIDA

Request ID: 006827885
Demande n° :
Transaction ID: 25805442
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Consumer and Business Services
Ministère des Services aux consommateurs et aux entreprises
Companies and Personal Property Security Branch
Direction des compagnies et des sûretés mobilières

Date Report Produced: 2005/02/16
Document produit le :
Time Report Produced: 14:21:43
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Companies and Personal Property Security Branch

D'après les dossiers de la Direction des compagnies et des sûretés mobilières, nous attestons que la société

MEDNET BENEFITS INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001509252

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

JANUARY 03 JANVIER, 2002

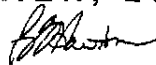
and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

FEBRUARY 16 FÉVRIER, 2005



Director
Directrice

The issuance of this certificate in electronic form is authorized by the Director of Companies and Personal Property Security Branch.
La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies et des sûretés mobilières.