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FOREIGN PROFIT QUALIFICATION

VEIN CLINCS OF AMERICA, INC.

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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.

	EIN CURPORATION TO TRANSACT BUT EIN CLINICS OF AMERICA, INC.	
(Enter name of oc	rporation; must include "INCORPORATED," * rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)
2 D	elaware 3	
	nder the law of which it is incorporated)	(FHI number, if applicable)
4.	9/8/1987	Perpetual
(Date o		Ourstion: Your corp. will cease to exist or "perpetual")
6.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	
7. 1101	Perimeter Drive, Suite 615, Sch	aumburg, Illinois 60173
	(Principal office address	3)
30 Soc	ith Wacker Drive, Suite 2600, C	hicago, Illinois 60606
	(Current mailing addres	3)
(Purpose(s)	management and operation of me of corporation authorized in home state or coun address of Florida registered agent: (P.O. I Corporate Research Solutions, 1333 N. Duval Street	Inc. Inc. ANDT acceptable)
designated in this of further agree to co and I am familiar 11. Attached is a c the Department of under the law of w	and an registered agent and to accept vervice application, I kereby accept the appointment application, I kereby accept the appointment apply with the provisions of all statutes retained accept the obligations of my positive. (Registered agent's signature) Recards 010220, Sechetage critificate of existence duly authenticated, no	of process for the above stated corporation at the place of as registered agent and agree to act in this capacity. I the to the proper and complete performance of my dutie ion as registered agent. I more than 90 days prior to delivery of this application to sial having custody of corporate records in the jurisdiction

H050000087443

FAX NO. :8506683398

HUSDO 00 751443

A. DIRECTO	ORS	
Chairman:		
Address:	·	
Vice Chairman:		
Address:		
Director:	Kush K. Agarwal	
	Il01 Perimeter Drive, Suize 615	
	Schaumburg, IL 60173	
Director:	D. Briun McDonagh	
Address:	1101 Parimeter Drive, Suite 615	
-	Schaumburg, IL 60073	-1.0
B. OFFICER	S	THE ST
President:	Kush K. Agarwal	超易型
Address:		85 8 F
- Koloranda	Schaumburg, IL 60173	THO E
Vice President:		02 A
Address:		gm 1

Secretary:	D. Brisn McDonagh	
Address:	1101 Parimeter Drive, Suite 615, Schäumburg, IL 60173	
Treasurer:		
Address:		
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and	or directors.
13.	Medenmun	
	(Signature of Director or Officer listed in number 12 of the application) Kush K. Agerwai, President	•
14	(Typed or printed name and capacity of person signing application)	

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VEIN CLINICS OF AMERICA, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE SEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VEIN CLINICS OF AMERICA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 1987.

2137031 8300 050246991



AUTHENTICATION: 3758839

DATE: 03-28-05

i Amita Franci

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