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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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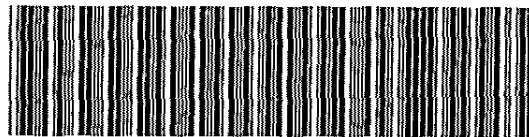
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 30 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEIODERM HEALTHCARE CORP.  
(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:

SEAN L. WILSON  
(Name of Person)  
LAW OFFICE OF SEAN L. WILSON  
(Firm/Company)  
1750 N. University Dr., #22  
(Address)  
Coral Springs, FL 33071  
(City/State and Zip code)

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For further information concerning this matter, please call:

SEAN L. WILSON at (954) 575-3360  
(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

**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. MEDI DERM HEALTHCARE CORP.  
(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. NEVADA 3. 86-1136054  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/14/05 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED YET  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1802 N. Carson St., Suite 212, Carson City, NV 89701  
(Principal office address)

6191 W. Atlantic Blvd., Ste. 2, Margate, FL 33063  
(Current mailing address)

8. ANY  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

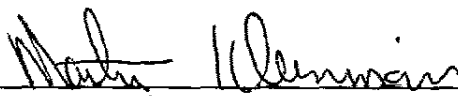
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Martin Kleinman

Office Address: 6191 W. Atlantic Blvd., Ste. 2  
Margate, FL, Florida 33063  
(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.*

  
(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:

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**A. DIRECTORS**

Chairman: Martin Kleinman  
Address: 6191 W. Atlantic Blvd., Suite 2  
Margate, FL 33063

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Martin Kleinman  
Address: 6191 W. Atlantic Blvd., Ste 2  
Margate, FL 33063

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

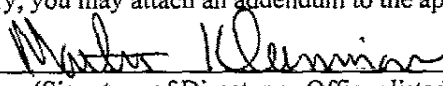
Secretary: Joann Marchase

Address: 1802 N. Carson St., Ste ~~212~~ 212, Carson City, NV 89801

Treasurer: Joann Marchase

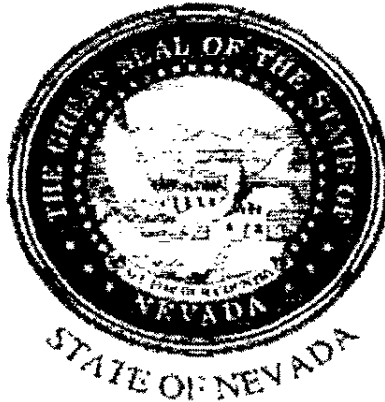
Address: 1802 N. Carson St., Ste 212, Carson City, NV 89701

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

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

14. Martin Kleinman, President  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



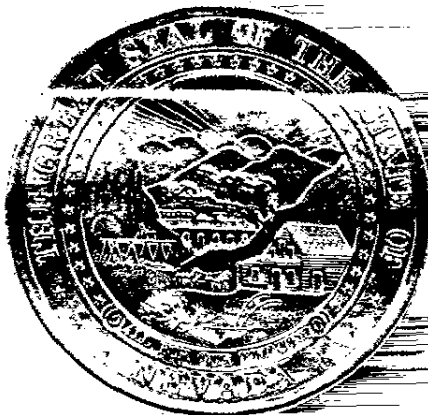
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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDIDERM HEALTHCARE CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 14, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 16, 2005.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*Joan Larson*

Certification Clerk