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TALLAHASSEE, FLORIDA

J. BRYAN AUG - 4 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Medical Administrators, 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:

Kristina M. Fisher, Legal Assistant
(Name of Person)

International Medical Administrators, Inc.
(Firm/Company)

2960 North Meridian Street
(Address)

Indianapolis, IN 46208
(City/State and Zip code)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jessica Philleo, Esq. at (317) 655-4551
(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. International Medical Administrators, 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. Indiana 3. 35-1875968 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 19, 1992 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. 2960 North Meridian Street, Indianapolis, IN 46208 (Principal office address)

2960 North Meridian Street, Indianapolis, IN 46208 (Current mailing address)

8. Third Party Administrator (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: Thomas J. Murphy, E.A.

Office Address: 8687 Ibis Cove Circle

Naples, Florida 34119-7728 (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.

[Handwritten signature] (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: Jefferson Wayne Brougher

Address: 2960 North Meridian Street
Indianapolis, IN 46208

Vice Chairman: Not applicable

Address: _____

Director: Joseph Logan Brougher

Address: 2960 North Meridian Street
Indianapolis, IN 46208

Director: _____

Address: _____

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JIM WILSON, REGISTRAR
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Shaler Albert Wallace, Sr.

Address: _____

Vice President: Joseph Logan Brougher

Address: 2960 North Meridian Street
Indianapolis, IN 46208

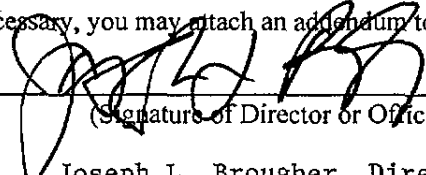
Secretary: Frederick Jonathan Zusy, General Counsel

Address: 2960 North Meridian Street, Indianapolis, IN 46208

Treasurer: Kurt Federic Kipfer 6208

Address: 2960 North Meridian Street, Indianapolis, IN 46208

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. Joseph L. Brougher, Director, Vice President
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO INTERNATIONAL MEDICAL
ADMINISTRATORS, INC.'S APPLICATION BY
FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

Addendum with regard to Question 12 of the aforementioned Application:

Vice President: Sharon Lee George
Address: 2960 North Meridian Street
Indianapolis, IN 46208

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

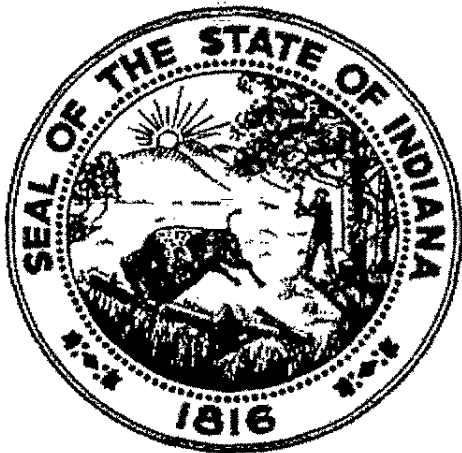
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

INTERNATIONAL MEDICAL ADMINISTRATORS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 19, 1992, and was in existence or authorized to transact business in the State of Indiana on June 10, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of June, 2005 .

A handwritten signature in black ink that reads "Todd Rokita". The signature is written in a cursive, flowing style.

TODD ROKITA, Secretary of State

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