# F05000006170

(Re	questor's Name)	
(Ad	dress)	
	<del></del>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
· <del></del>		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		<del></del> -
Special Instructions to F	-Iling Officer:	
		•

Office Use Only



700058628867

08/22/65 - (0.07 - (0.67 - \*\*\*) (16)

2013 COT 24 PN 3: 50 SECRETARY OF STATE

15 QL



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 23, 2005

MATTHEW ANDREWS 8351 ROSWELL RD., SUITE 368 ATLANTA, GA 30350

SUBJECT: INTEGRITY HEALTHCARE STAFFING, INC.

Ref. Number: W05000039857

We have received your document for INTEGRITY HEALTHCARE STAFFING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 805A00053454

Division of Corporations, P.O. ROY 6397, Tallahagaaa, Florida 3991

#### TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Ir	Hegrity Healt	heare Staffi.	ng. Inc.
	(Name of corpo	ration - must include suffix)	<i>9</i>
Dear Sir or Madam:			
	e," and check are submitted	for Authorization to Transacto register the above referen	
Please return all corresp	ondence concerning this ma	atter to the following:	
Ma	Thew S. And	trows	
1 101	(Nam	e of Person)	
<i>In</i>	tegrity Hea	Strews ne of Person) 1 th Care State (Company)	Fing, Inc.
8351	Roswell Rd	Address) 30350 ate and Zip code)	8
Atla	inta, GA	30350	To D
	(City/St	ate and Zip code)	1 m 5 5
For further information	concerning this matter, plea	se call:	ET 24
		양동 ) 러니더 - ] 니. rea Code & Daytime Telepho	34 Fig. 25 one Number) S3
STREET ADD Registration Sec Division of Corp 409 E. Gaines S Tallahassee, FL	tion porations t.	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for t	he 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. Integrity Health care Staffing, Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
The grify HealthCare Statfing (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of tansacting business in Florida)  2. Delaware (State or country under the law of which it is incorporated)  3. 201333955 (FEI number, if applicable)	
(State or country under the law of which it is incorporated)  4. 7-6-2004  (Date of incorporation)  (Duration! Year dorp, will cease to exist or "perpetual")	
6. 5-30-05  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 8351 Roswell Rd Suite 368, Atlanta GA 3035  (Principal office address)	<i>6</i> 0
(Principal office address)  Same (Current mailing address)	
8. Provide + emporary healthcare professionals to hospitals +c  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	linics
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Matthew Andrews  Office 100 to 1	
Office Address: 2541 NE 49th St.  Lighthouse Point Florida 33064 (City) (Zip code)	.a .7
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 dutie, and I am familiar with and accept the obligations of my position as registered agent.	
Mark 5 1 en	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

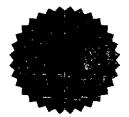
A. DIRECTORS .			
Chairman: Ma Hhero S. Andrews			
Address: 8351 Roswell Rd. Suite 368	<del></del>	<u></u>	
Atlanta, GA 30350			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:		<del></del>	
B. OFFICERS  President: Mathew S. Andrews  Address: 8351 Roswell Rd. Suite 368	TALLA TALLA	2965 0	
Atlanta, GA 30350	HASSE ACTION	<u> </u>	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice President:	<u> </u>	P -	
Address:		<u>ဒူ</u> 53	
Secretary:			
Address:			
Treasurer:		<del></del>	
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ınd/or direc	etors.	
13. Matthos Auch (Signature of Director or Officer listed in number 12 of the application)			
(Signature of Director or Officer listed in number 12 of the application)  14. Matthew 5. Andrews, President Chair man (Typed or printed name and capacity of person signing application)			
(Typed or printed name and canacity of person cigning application)			

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRITY HEALTHCARE STAFFING, 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-NINTH DAY OF JULY, A.D. 2005.



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 4055947

DATE: 07-29-05

3825341 8300

050615286