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(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

FO5-6349

(Document Number)

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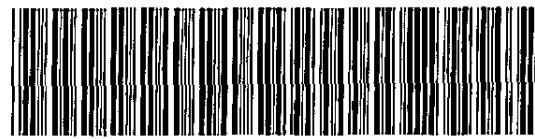
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL STAFFING SOLUTIONS, 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:

AARON BARTA

(Name of Person)

MEDICAL STAFFING SOLUTIONS INC.

(Firm/Company)

3 SOUTH MAIN STREET PO BOX 101

(Address)

RICE LAKE, WI 54868

(City/State and Zip code)

For further information concerning this matter, please call:

TRISHA

at (715) 736-2070

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 19, 2005

AARON BARTA
MEDICAL STAFFING SOLUTIONS INC.
P.O. BOX 101
RICE LAKE, WI 54868

SUBJECT: MEDICAL STAFFING SOLUTIONS INC.
Ref. Number: W05000047856

We have received your document for MEDICAL STAFFING SOLUTIONS 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 805A00063692

**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. MEDICAL STAFFING SOLUTIONS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Medical Staffing Solutions Inc of Wisconsin

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN

(State or country under the law of which it is incorporated)

3. 41-1994141

(FEI number, if applicable)

4. FEBRUARY 9, 2001

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER, 2005

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3 SOUTH MAIN STREET, RICE LAKE, WI 54868

(Principal office address)

PO BOX 101, RICE LAKE, WI 54868

(Current mailing address)

8. TEMPORARY STAFFING AGENCY IN THE MEDICAL FIELD

(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: DEB BOLTEN

Office Address: 5540 Lyons Rd #208

Coconut Creek, Florida 33073
(City) (Zip code)

05 OCT 31 PM 3: 13
S. B. WILSON, SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

D. Bolt

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

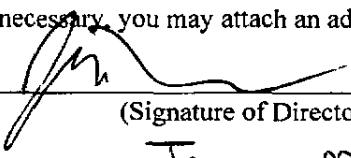
Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: JAMES MARSHAddress: PO BOX 101
RICE LAKE, WI 54868Vice President: AARON BARTAAddress: PO BOX 101
RICE LAKE, WI 54868Secretary: SUMMER MARSHAddress: PO BOX 101, RICE LAKE, WI 54868Treasurer: SUMMER MARSHAddress: PO BOX 101, RICE LAKE, WI 54868

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. James Marsh
(Typed or printed name and capacity of person signing application)

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

MEDICAL STAFFING SOLUTIONS INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 9, 2001.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 13, 2005.

A handwritten signature in black ink, appearing to read "RAY ALLEN".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 17317-AC8B8461