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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton FEB 21 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Medical Support Association, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Amy Milanowski

(Name of Person)

Copilevitz & Canter, LLC

(Firm/Company)

423 W Eighth Street, Suite 400

(Address)

Kansas City, Missouri 64105

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Milanowski

(Name of Person)

at (816) 472-9000

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

COPILEVITZ & CANTER, LLC

ATTORNEYS AT LAW

423 W. EIGHTH STREET
SUITE 400
KANSAS CITY, MISSOURI 64105
(816) 472-9000 • FAX (816) 472-5000
EMAIL: copcanke@cckc-law.com

February 16, 2006

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

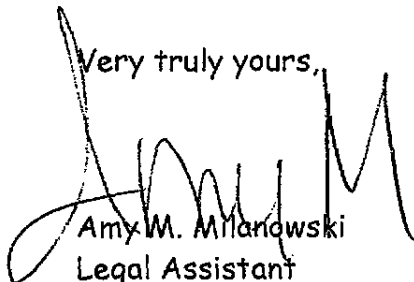
RE: **The Medical Support Association, Inc.**

To Whom It May Concern:

Enclosed you will find the completed *Application By Foreign Not For Profit Corporation For Authorization To Conduct Its Affairs In Florida*, Certificate of Good Standing and a check for \$70.

I look forward to receiving the Certificate of Authority for this corporation. Should you have any questions or require additional information, feel free to contact me.

Very truly yours,



Amy M. Milanowski
Legal Assistant
For the Firm

:amm
enclosure

ameyers@cckc-law.com

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. The Medical Support Association, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Delaware

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

3. 20-0031279

(FBI number, if applicable)

4. 4/7/2003

(Date of Incorporation)

5.

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

6. upon approval

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 757 St. Charles Avenue, Suite 302, New Orleans, Louisiana 70130

(Principal office address)

same as above

(Current mailing address)

8. charitable solicitation

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

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221 E

Palm Beach Gardens

(City)

Florida 32301

(Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Corporate Creations Network Inc.

By:

(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

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

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The Medical Support Association, Inc.

Officers and Directors

Robert B. Landry III

President / Chairman

757 St. Charles Avenue, Suite 302
New Orleans, Louisiana 70130

Donald T. Roane

Treasurer

757 St. Charles Avenue, Suite 302
New Orleans, Louisiana 70130

Todd Gurein

Board Member

757 St. Charles Avenue, Suite 302
New Orleans, Louisiana 70130

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TALLAHASSEE, FLORIDA

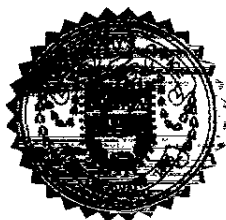
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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MEDICAL SUPPORT ASSOCIATION, 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 EIGHTH DAY OF FEBRUARY, A.D. 2006.



3644794 8300

060091814

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4509484

DATE: 02-08-06