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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/18

1006-29987

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Disability and Case Management Services 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:

KYong Kim
(Name of Person)

Disability and Case Management Services Corp.
(Firm/Company)

9950 Cal Center drive Ste 135
(Address)

Sacramento CA 95865
(City/State and Zip code)

For further information concerning this matter, please call:

KYong Kim at (916) 290.7008
(Name of Person) (Area Code & Daytime Telephone Number)

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

MAILING ADDRESS:
New Filing 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
Division of Corporations

July 6, 2006

KYONG KIM
8950 CAL CENTER DRIVE
SUITE 135
SACRAMENTO, CA 95865

SUBJECT: DISABILITY AND CASE MANAGEMENT SERVICES CORP.
Ref. Number: W06000029987

We have received your document for DISABILITY AND CASE MANAGEMENT SERVICES CORP. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist

Letter Number: 806A00043694

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. Disability and Case Management Services Corporation
(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. CA (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 10/27/2001 (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")

6. NA (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8950 Cal Center Drive, Suite 13C Sacramento, CA 95865 (Principal office address)

PO BOX 255565 Sacramento CA 95865 (Current mailing address)

8. Conduct w/c Utilization Review & Telephonic Case mgmt. (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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

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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.

C T Corporation System

Janet Gerkin (Registered agent's signature)

Janet Gerkin, Special Asst. Secretary

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: Carl H. Shin, MD

Address: 8950 Cal Center Drive Ste 135
Sacramento CA 95865

Vice Chairman: Joe Song

Address: 8950 Cal Center Drive Ste 135
Sacramento CA 95865

Director: Kyong Kim

Address: 8950 Cal Center Drive Ste 135
Sacramento CA 95865

Director: NA

Address: /

B. OFFICERS

President: Carl H. Shin, MD

Address: 8950 Cal Center Drive Ste 135
Sacramento CA 95865

Vice President: Joe Song

Address: 8950 Cal Center Drive Ste 135
Sacramento CA 95865

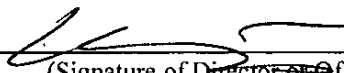
Secretary: NA

Address: /

Treasurer: David Lee

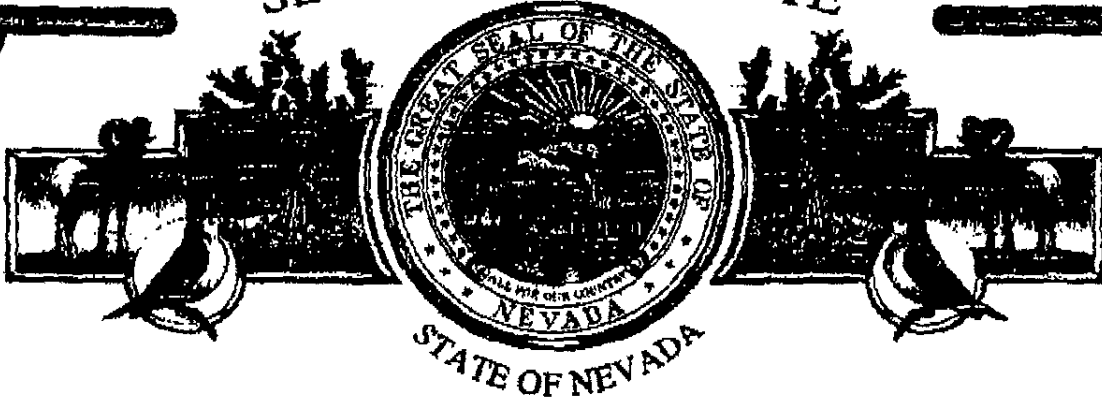
Address: 8950 Cal Center Drive Ste 135 SAC, CA 95865

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. Kyong Kim (Operations Manager)
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are wither 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, **DISABILITY & CASE MANAGEMENT SERVICES**, 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 September 5, 2001, 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, in Carson City, Nevada, on October 4, 2001.



Dean Heller

Secretary of State

By *[Signature]*

Certification Clerk