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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : T20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**MEDICAL ARTS OFFICE SERVICES, INC**

Certificate of Status	0
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8-28-06  
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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 Arts Office Services, Inc.

(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. New York

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

3. 11-2705907

(FEI number, if applicable)

4. September 10, 1984

(Date of incorporation)

5. perpetual

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

6. upon registration

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

7. 26 Harbor Park Drive, Port Washington, NY 11050

(Principal office address)

26 Harbor Park Drive, Port Washington, NY 11050

(Current mailing address)

8. To engage in any lawful act

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Ann R. Orrelling (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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bert E. Brodsky

Address: 26 Harbor Park Drive, Port Washington, NY 11050

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Bert E. Brodsky

Address: 26 Harbor Park Drive, Port Washington, NY 11050

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

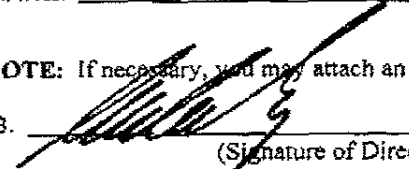
Secretary: Bert E. Brodsky

Address: 26 Harbor Park Drive, Port Washington, NY 11050

Treasurer: Asst. Secretary: Ira Kaplan

Address: 26 Harbor Park Drive, Port Washington, NY 11050

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. Bert E. Brodsky, President  
(Typed or printed name and capacity of person signing application)

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**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of MEDICAL ARTS OFFICE SERVICES, INC. was filed on 09/10/1984, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 23rd day of August  
two thousand and six.*

A handwritten signature in dark ink, appearing to read "Daniel Shapiro".

Daniel Shapiro  
Special Deputy Secretary of State

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