

FO7000001842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

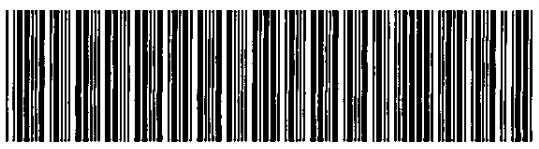
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

4/5/07

COVER LETTER

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TO: New Filing Section
Division of Corporations

07 APR -4 PM 3:49

SUBJECT: Promesa Health, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Ann Wilkins

(Name of Person)

Promesa Health, Inc.

(Firm/Company)

P. O. Box 3646

(Address)

Omaha, NE 68103-0646

(City/State and Zip code)

For further information concerning this matter, please call:

Ann Wilkins

(Name of Person)

at (402) 827-3416

(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

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. Promesa Health, 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. Nebraska 3. 20-5009539
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/31/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 10805 Old Mill Road, Omaha, NE 68154
(Principal office address)

P.O. Box 3646, Omaha, NE 68103-0646
(Current mailing address)

8. Engage in the business of operating and supplying medical clinics.
(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

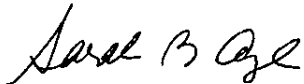
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.



Sarah B. Ayala
Assistant Secretary

(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: Sidney Ferenc

Address: 10805 Old Mill Road

Omaha, NE 68154

Director: Steven Menzies

Address: 10805 Old Mill Road

Omaha, NE 68154

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Sidney Ferenc

Address: 10805 Old Mill Road

Omaha, NE 68154

Vice President: Steven Menzies

Address: 10805 Old Mill Road

Omaha, NE 68154

Secretary: Jeffrey Silver

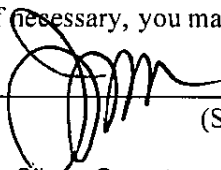
Address: 10805 Old Mill Road, Omaha, NE 68154

Treasurer: _____

Address: _____

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. Jeffrey Silver, Secretary

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

**ADDENDUM
PROMESA HEALTH, INC.**

A. DIRECTORS

Director: Jeffrey Silver

Address: 10805 Old Mill Road

Omaha, NE 68154

B. OFFICERS

Vice-President: Robert Stafford

Address: 10805 Old Mill Road

Omaha, NE 68154

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TALLAHASSEE, FLORIDA

STATE OF

NEBRASKA



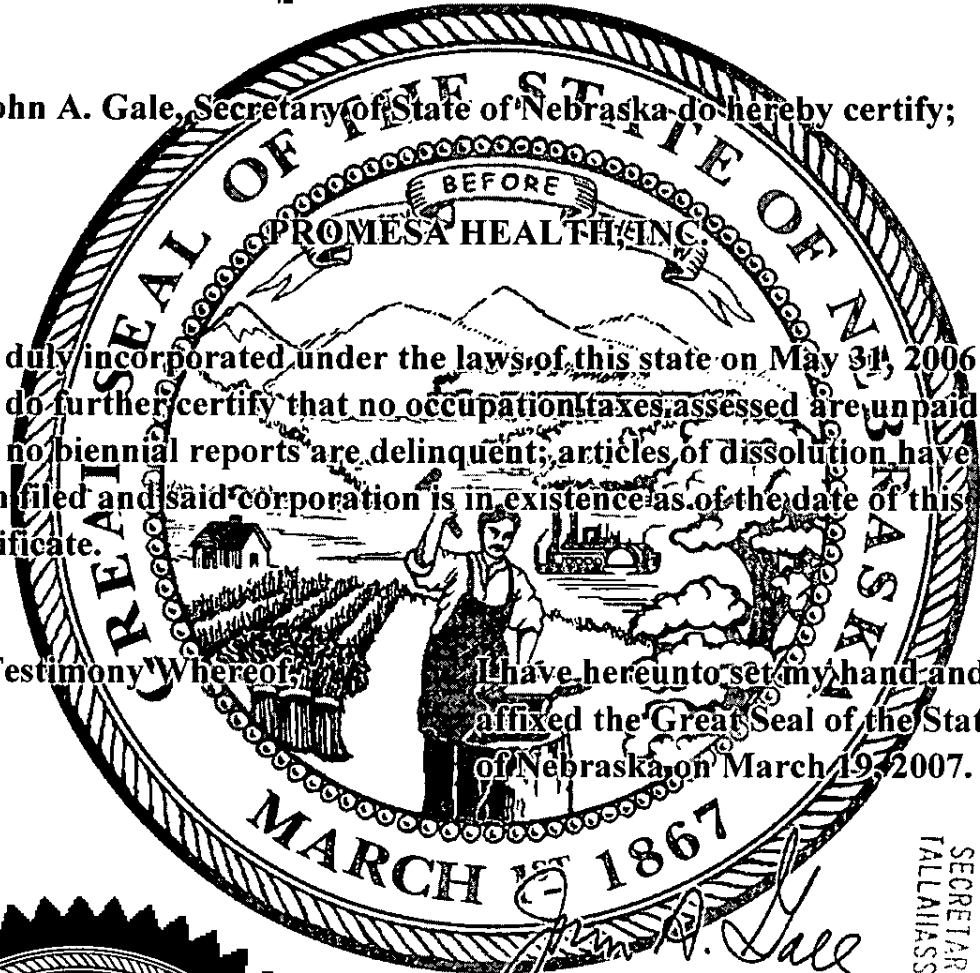
United States of America, }
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

was duly incorporated under the laws of this state on May 31, 2006
and do further certify that no occupation taxes assessed are unpaid
and no biennial reports are delinquent; articles of dissolution have not
been filed and said corporation is in existence as of the date of this
certificate.

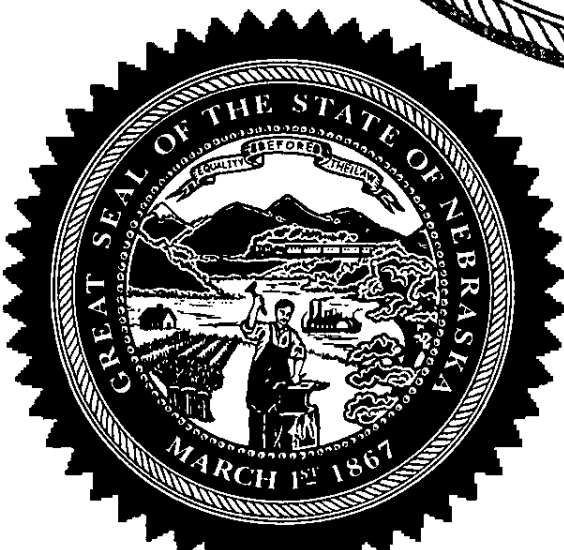
In Testimony Whereof, I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on March 19, 2007.



John A. Gale
SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's
financial condition or business activities and practices.