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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:ANODYNE MEDICAL SERVICE	S CORP
(Name of corpor	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
KEVIN HUNTER	
(Name	e of Person)
ANODYNE MEDICAL SERVICES CORP	
(Firm	/Company)
1515 HANCOCK STREET	Pro P2
(A	Address)
QUINCY MA 02169	ARE AUG
(City/Sta	ate and Zip code) SST 27
For further information concerning this matter, please	ate and Zip code) SECRETURY OF STATE CONF. See call:
KEVIN HUNTER at (617	
	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing 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 &	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sq\sintitexet{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.	ANODYNE MEDICAL SERVICES CORPORATION				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	ANODYNE CORPORATION				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	MASSACHUSETTS 3. 04-2497415				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	05/01/1972 .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.	1515 HANCOCK STREET, QUINCY, MA 02169				
	(Principal office address)				
	PO BOX 2069, QUINCY, MA 02269				
	(Current mailing address)				
8.	HEALTH CARE SERVICES POOL, STAFFING AGENCY FOR CLERICAL & LIGHT INDUSTRIAL				
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
_					
9.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	77			
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JAMES MURANO	Name of Street,			
		1			
0	ffice Address: 305 PIRATES BIGHT	П			
	NAPLES , Florida 34103				
	(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.

(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:	JAMES MURANO	
Address:	1515 HANCOCK STREET	
•	QUINCY, MA 02169	
	DONNA SBARDELLA	
Address:	1515 HANCOCK STREET	
	QUINCY, MA 02169	
Director:	JAMES MURANO	
	1515 HANCOCK CYPRET	
 -	QUINCY, MA 02169	
Director:	DONNA SBARDELLA	
	1515 HANCOCK STREET	
	QUINCY, MA 02169	
B. OFFICERS		OT AUG
President:	JAMES MURANO	IG 2: TAR: ASS
	1515 HANCOCK STREET, QUINCY, MA 02169	
		第万 ボ ン
Vice President:	DONNA SBARDELLA	DA 19
Address:	1515 HANCOCK STREET, QUINCY, MA 02169	
Secretary:	JAMES MURANO	
	1515 HANCOCK STREET, QUINCY, MA 02169	
Treasurer:	JAMES MURANO	
Address:	1515 HANCOCK STREET, QUINCY, MA 02169	
NOTE: If necess	sary, you may attach an addendum to the application listing additional offic	eers and/or directors
	A summer	ers and/or unectors.
13	Signature of Director or Officer listed in number 12 of the application	n)
14	JAMES MURANO, PRESIDENT	
	(Typed or printed name and capacity of person signing application)	 -



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

August 8, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that

ANODYNE MEDICAL SERVICES CORPORATION

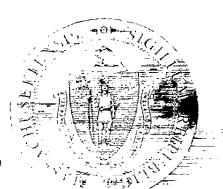
appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on May 26, 1972.

I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Tranin Galicin

Secretary of the Commonwealth



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