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Division of Corporations

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From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640

1409.8669T

FOREIGN PROFIT/NONPROFIT CORPORATION

MBF HEALTHCARE ACQUISITION CORP.

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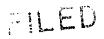
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

	abbreviations of I	ation; must include the word "I ike import in language as will c o contained in the name at present	learly indicate	'ED", "COMPANY", "CORPOR that it is a corporation instead	RATION" or of a natural	words or person or
	(If name unavailab	le in Florida, enter alternate corpo	rate name adop	ted for the purpose of transacting	business in Flo	orida)
<u>.</u>	r	claware	3.	22-3934207		
•		under the law of which it is	_	(FEI number, if applic	able)	······································
	June 2, 2006		5.	Perpetual		
		f incorporation)	_ "	(Duration: Year corp. will cease perpetual*)	se to exist or	
	·	TIPON FILI	IG OF APPLIC	ATION		
	(Date first transact	ed business in Florida. If corporat (SEE SECTIONS 607.	ion has not trai	sacted business in Florida, insert	"upon qualific	ation."
	121 Alliambra Plaza, Suite 1100, Coral Gables, Florida 33134 (Principal office address)					
	121 Alhambra Pla	za, Sulte 1100, Coral Gables, Flor	ida 33134		user4	
		(Curren	t mailing addr	:88)		, a
		Any lawful business permitte	d to compratio	ns in the State of Florida		T
	(Purpose	(s) of corporation authorized in hor			orida); _i	1 1
	Name and street a	ddress of Florida registered agent.	(P.O. Box or	Mail Drop Box NOT acceptable)	SET V	9 I
	Name:	CORPDIRECT AGENTS, INC.				
	Office Address:	515 East Park Avenue	Tallahassee, F		<u> s</u>	''ر <u>با ہے۔</u>
		(Street)	(City) (St	ate) (Zip)	ORID	ယ
	Registered agent'	s acceptance:			<u>S</u> ri	σ
	designated in this further agree to	ed as registered agent and to ac application, I hereby accept the comply with the provisions of a amiliar with and accept the obili	appointment	as registered agent and agree to ative to the proper and comple	orporátion at o act in this ca	apacity. I
			och Az	lock)		
	Attached is a certi	ificate of evictoric duly authoritic		then OA days suice to delivery a	ethia annline	ion to the

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.

(M2682000;1)



08 MAY -9 PH 1:36

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

A. DIRECTO	DRS
Director:	Miguel B, Fernandez
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
Director:	Jorge L. Rico
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, PL 33134
Director;	Marcio C, Cabrera
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
Director:	Carlos A, Saladrigas
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
Director:	Roger J. Medel, M.D.
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
Director:	Antonio L. Argiz
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
B. OFFICE	RS
Chairman and	Chief Executive Officer: Miguel B. Fernandez 121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
	121 Albanyte Lasa, Suite 1100, Colai Cables, Ed. 25157
	n:
Address:	
Senior Vice P	resident and Chief Operating Officer: <u>lorge L. Rico</u>
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
Senior Vice P	resident and Chief Financial Officer: Marcio C. Cabrera
Address:	121 Alhambra Plaza, Suite 1100, Coral Gables, FL 33134
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or directors.
(S	Ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	Jorge L. Rico, Senior Vice President (Typed or printed name and canacity of person signing application)

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13.

14.

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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 "MBF HEALTHCARE ACQUISITION CORP."

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 NINTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MBF HEALTHCARE ACQUISITION CORP." WAS INCORPORATED ON THE SECOND DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

08 MAY -9 PM 1:36
SECRETARY OF STATE

4161733 8300

080524181

You may verify this certificate online at corp. delaware.gov/authver.shtml

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6580080

DATE: 05-09-08

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