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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

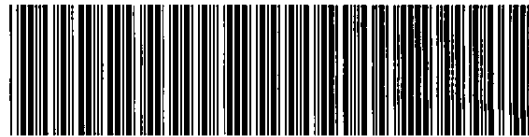
(Document Number)

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W01 - 58738

FILED
2011 FEB 11 PM 4:41
T. BURCH

T. Burch FEB 14 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Key Health Medical Solutions, Inc.

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," or "Certificate of Good Standing" 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:

Jeffrey S. Trigilio

Name of Person

Key Health Medical Solutions, Inc.

Firm/Company

30699 Russell Ranch Road, Suite 175

Address

Westlake Village, California 91362-6331

City/State and Zip code

smay@keyhealth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Trigilio

Name of Person

at (818) 575-5300 ext 148

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

RECEIVED
11 FEB 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 21, 2010

JEFFREY S. TRIGILIO
30699 RUSSELL RANCH ROAD STE 175
WESTLAKE VILLAGE, CA 91362-6331

SUBJECT: KEY HEALTH MEDICAL SOLUTIONS, INC.
Ref. Number: W10000058738

We have received your document for KEY HEALTH MEDICAL SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.~~ N/A

~~Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.~~

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 110A00029474

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.

FILED
2011 FEB 11 PM 4:41

1. Key Health Medical Solutions, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Key Health Medical Solutions, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 95-4604751
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/01/1996 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. will conduct business starting on 01/03/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 30699 Russell Ranch Road, Suite 175, Westlake Village, CA 91362
(Principal office address)

30699 Russell Ranch Road, Suite 175, Westlake Village, CA 91362
(Current mailing address)
8. sales representation
(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: PARACORP INCORPORATED
Office Address: 236 EAST 6TH AVENUE
TALLAHASSEE, Florida 32303
(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.



Ninh Ho, 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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey S. Trigilio

Address: 30699 Russell Ranch Road, Suite 175, Westlake Village, CA 91362

Vice President: _____

Address: _____

Secretary: John Gernert

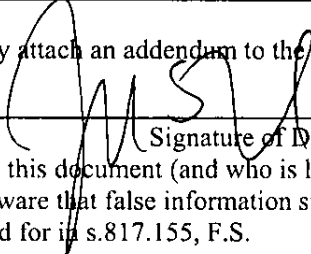
Address: 30699 Russell Ranch Road, Suite 175, Westlake Village, CA 91362

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)

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Jeffrey S. Trigilio, CEO

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

FILED
2011 FEB 11 PM 4:41
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KEY HEALTH MEDICAL SOLUTIONS, INC.

FILE NUMBER: C1993006
FORMATION DATE: 11/01/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 28, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State

FILED
2011 FEB 11 PM 4:41
SECRETARY OF STATE
SACRAMENTO