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TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: Medical Search Inc

**COURIER ADDRESS:** 

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

Qualification/Registration Sec.

| (Name of corporation)                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:                                                                                                                                                                      |
| Ron Washburn (Name of Person)  Medical Search, Inc.  (Firm/Company)  for crescent Centre Pleny Ste 520  (Address)  Tucker Gd 30084  (City, State and Zip Code)                                                                                 |
| Should you need to call someone concerning this matter, please call:  Pan Washbutn at (404 ) 908 - 2113  (Name of Person) Area Code & DaytimeTelephone Number                                                                                  |

MAILING ADDRESS:

P. O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Qualification/Registration Sec.

## 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:

| Medical part h. Lat.  Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or observations of like import in language as will clearly indicate that it is a corporation instead of a natural person repartnership if not so contained in the name at present.) |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| tate or country under the law of which it is incorporated)  3. (FEI number, if applicable)                                                                                                                                                                                                            |        |
| (Date of Incorporation)  [Date of Incorporation]  [Duration: Year corp. will cease to exist or "perpetual"]                                                                                                                                                                                           |        |
| 3 7 95 Date first transacted husiness in Florida (See sections 607.1501, 607.1502, and 817.155, F.S.)                                                                                                                                                                                                 |        |
| Indical Search, Inc.  Of Crescent Centre Parkway  uite 520  ucker, GA 30084  (Current mailing address)                                                                                                                                                                                                |        |
| Record ment of placement of healthcare professional to the floridal (Purposels) of corporation authorized in home state or country to be carried out in the state of Floridal                                                                                                                         | 11119- |
| Name and streat address of Florida registered agent:                                                                                                                                                                                                                                                  |        |
| Name: Tom Termotto                                                                                                                                                                                                                                                                                    |        |
| Office Address: 203 Kayerama Building - 1300 Executive Dille Talla hussee , Florida, 32301                                                                                                                                                                                                            |        |
| (Zip Code)                                                                                                                                                                                                                                                                                            |        |
| 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 addresses of officers and/or directors:                                          |
| A.    | DIRECTORS                                                                                  |
|       | Chairman:                                                                                  |
|       | Address:                                                                                   |
|       |                                                                                            |
|       | Vice Chairman:                                                                             |
|       | Address:                                                                                   |
|       | 75 (7                                                                                      |
|       | Director:                                                                                  |
|       | Address:                                                                                   |
|       | Director:                                                                                  |
|       | Address:                                                                                   |
|       |                                                                                            |
| В.    | OFFICERS                                                                                   |
|       | President: Lovell Alexander                                                                |
|       | Address: DB Potanion DD 100 Crescent Centre Pkuy j Suit So                                 |
|       | 100001                                                                                     |
|       | Vice President: David Alexander                                                            |
|       | Address: 100 Crescent Centre Pkwy; Suite 520                                               |
|       | Secretary: Balbara Hexander                                                                |
|       | Address: 100 CILSCENT CONTRE PLAY                                                          |
|       | TVCKER, GA 30084                                                                           |
|       | Treasurer:                                                                                 |
|       | Address:                                                                                   |
|       |                                                                                            |
| NOT!  | : If necessary, you may attach an addendum to the application listing additional officers  |
| ano/o | r directors,                                                                               |
| 13.   | gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| ( "13 |                                                                                            |
| 14.   | Typed or printed name and capacity of person signing application)                          |
|       | 1.1560 or burger game and cabacity or berson signing "bbitgation)                          |

Secretary of State Corporations Division Suite 315. Mest Comer 2 Martin Anther King Ir. Dr. Atlanta, Georgia 30334-1530

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RON WASHBURN 100 CRESCENT CENTER PARKWAY SUITE 520 TUCKER GA 30084



## CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## MEDICAL SEARCH, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

SECRETARY OF STATE

CORPORATIONS 656-2817

CORPORATIONS HOT LINE 404-656-2222 Outside Metro-Atlanta