

F9500001342

TRANSMITTAL LETTER

~~CONFIDENTIAL~~

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

RECEIVED
SEP 21 1977
FBI - TAMPA

SUBJECT: MEDICAL MANAGEMENT AND RE-EMPLOYMENT OF FLORIDA, INC.
(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:

Kathleen R. Otto, Esq.

(Name of Person)

Medical Management and Re-Employment of Florida, Inc.

(Firm/Company)

1200 Osborne Road

(Address)

Minneapolis MN 55432

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Kathleen R. Otto

(Name of Person)

at (612) 786 - 6525

Area Code & Daytime Telephone Number

SEP 21 1977
FBI - TAMPA

mtm

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 13, 1995

KATHLEEN E. OTTO
1200 OSBORNE ROAD
MINNEAPOLIS, MN 55432

SUBJECT: MEDICAL MANAGEMENT AND RE-EMPLOYMENT OF FLORIDA,
INC.
Ref. Number: W95000003276

We have received your document for MEDICAL MANAGEMENT AND RE-EMPLOYMENT OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$700.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Corporate Specialist

Letter Number: 595A00006276

To: Qualification / Registration Section
Division of Corporations

Subject: Medical Management and Re-Employment of Florida, Inc.

Re: Erroneous information listed in transmittal letter

STATE OF MINNESOTA)
COUNTY OF ANOKA)

Kathleen R. Otto, being first duly sworn upon oath,
deposes and states that:

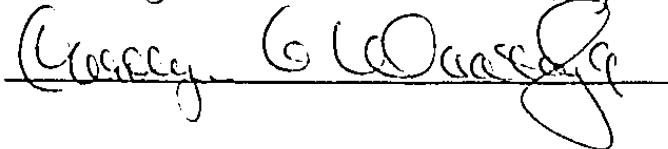
1. She is General Counsel for Medical Management and Re-Employment, Inc., a Michigan corporation, and for Medical Management and Re-Employment of Florida, Inc., a Minnesota corporation.

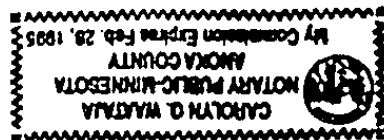
2. The information previously submitted to the Florida Secretary of State, Division of Corporations, regarding Medical Management and Re-Employment of Florida, Inc. was incorrect pursuant to the provisions of Florida Statutes, Section 607.1501.

3. The correct date that Medical Management and Re-Employment of Florida, Inc. first began to transact business in the State of Florida, as defined by Florida Statutes, was January 1, 1995.


Kathleen R. Otto

Subscribed and sworn to before me
this 28th day of February, 1995.





APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Medical Management and Re-Employment of Florida, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Minnesota 3. 05-0478774
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-5-94 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7-1-94
(Date first transacted business in Florida. (See sections 607.1601, 607.1502, and 817.155, F.S.)

7. 115 Cedar Street
Providence, RI 02903
(Current mailing address)

8. general business purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Elena Licata
Office Address: 930 Woodcock Road Suite 100
Orlando, Florida, 32803
(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.*

Elena Licata
(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: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul Murgio

Address: 115 Cedar Street

Providence, RI 02903

Vice President: Michael Evavold

Address: 1200 Osborne Road

Minneapolis, MN 55432

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Paul J Murgio
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Paul J Murgio, President
(Typed or printed name and capacity of person signing application)

55 MAR 21 PM 2:15

State of Minnesota

SECRETARY OF STATE

95/07/21 PM 2:16

Certificate of Good Standing

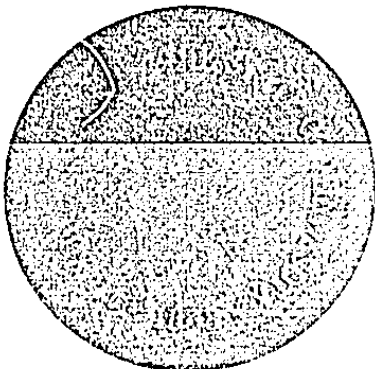
I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Medical Management and Re-Employment of Florida, Inc.

Date Formed: 07/05/1994

Chapter Governed By: 302A

This certificate has been issued on 01/19/95.



Joan Anderson Grove
Secretary of State