

F9500001355

James E. Stein, Inc.
POST OFFICE BOX 813
1920 GEORGIA HIGHWAY 40 EAST
ST. MARYS, GEORGIA 31558

FAX: 912/729-2248

March 17, 1995

912/729-3635
729-3636
729-3637

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

RE: J.G. Laporte Enterprises, Inc.

Dear Sirs:

Please find enclosed our application by foreign corporation for authorization to transact business in Florida for filing along with our check made payable to Florida Department of State in the amount of \$131.25 for the following:

Filing fee	\$35.00
Registered Agent Designation Fee	\$35.00
Certificate of Status	8.75
Certified Copy	52.50
TOTAL:	\$131.25

If you should have any questions, please contact me at (912) 729-3635.

Sincerely,


Donna J. Hester
for James E. Stein

JES:djh
Enclosures

FILED
STATE
DEPT. OF
CORPORATIONS
MAR 21 PM 4:13
9500001355

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: J.G. LAPORTE ENTERPRISES, 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 being submitted to qualify the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James E. Stein
(Name of Person)
James E. Stein, P.C.
(Firm/Company)
P.O. Box 813
(Address)
St. Marys, Georgia 31558
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call
Donna Hester at (912) 729 - 3635.
(Name of Person) Area Code & Telephone Number

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 MAR 21 PM 4:13

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. J.G. LAPORTE ENTERPRISES, INC.
(Name of corporation must include the word "INCORPORATED," "COMPANY," or "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. GEORGIA
(State or country under the law of which it is incorporated)
3. November 10, 1994 4. PERPETUAL
(Date of Incorporation) (Duration-Year Corp. will cease to exist or "perpetual")
5. 58-2159496
(Federal Employer Identification number, if applicable)
6. January 1, 1995
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
4800 West Hallandale
Hollywood, Florida 33023
7. _____
(Current mailing address)

9. Name and Street address of Florida registered agent:

Name: Tom A. Niemeyer
Office Address: 4800 West Hallandale
Hollywood, Florida 33023
Zip Code

9. 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:

Tom A. Niemeyer
Tom A. Niemeyer

10. 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.

FILED
SECRETARY OF STATE
CORPORATION
95 MAR 21 PM 4:13

11. Names and addresses of officers and/or directors.

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. Officers:

President: _____

Pierre Laporte

Address: _____

1290 Avants Court

St. Marys, Georgia 31558

Vice President: _____

Tom A. Niemeyer

Address: _____

4800 West Hollandale

Hollywood, Florida 33023

Secretary: _____

Jane E. Harkness

Address: _____

1290 Avants Court

St. Marys, Georgia 31558

Treasurer: _____

Jane E. Harkness

Address: _____

1290 Avants Court

St. Marys, Georgia 31558

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

12. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 11 of the application)

13. _____

Tom A. Niemeyer, Vice President

(Type or print name and capacity of person signing application)

SEAL
FILED
SECRETARY OF STATE
CORPORATIONS
SEP 21 PM 4:18

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950670.
CONTROL NUMBER : 9428711
DATE INC/AUTH/FILED: 11/10/1994
JURISDICTION : GEORGIA
PRINT DATE : 03/08/1995
FORM NUMBER : 211

JAMES E. STEYN
P O BOX 813
ST. MARY'S GA 31558

CERTIFICATE OF EXISTENCE

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

J.G. LAPORTE ENTERPRISES, 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
MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

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

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

F95000001355



ACCOUNT NO. : 072100000032

REFERENCE : 879670 4389136

AUTHORIZATION :

COST LIMIT : 8 PPD

W96-5517

ORDER DATE : March 13, 1996

ORDER TIME : 9:46 AM

ORDER NO. : 879670

800001741928
-03/13/96--01032--017
*****70.00 *****70.00

CUSTOMER NO: 4389136

CUSTOMER: Ms. Aileen Davis
Akerman Senterfitt Eidson &
Suite 1500
100 South Ashley Drive
Tampa, FL 33602

FOREIGN FILINGS

NAME: STARNED HEALTH PERSONNEL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JENNIFER MORAN

96 MAR 13 09:11:13
96 MAR 18 AM 10:42
TALLAHASSEE, FL 32301
FBI

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0071
904-222-0193 FAX

800-342-8086



ACCOUNT NO. : 072100000032
REFERENCE : 879670 4389136
AUTHORIZATION : *Leticia Pyatts*
COST LIMIT : \$ 1,200.00

ORDER DATE : March 13, 1996

ORDER TIME : 3:38 PM

ORDER NO. : 879670

CUSTOMER NO: 4389136

CUSTOMER: Ms. Aileen Davis
Aikerman Senterfitt Eidson &
Suite 1500
100 South Ashley Drive
Tampa, FL 33602

400001747824

FOREIGN FILINGS

NAME: STARMED HEALTH PERSONNEL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JENNIFER MORAN

FILED
96 MAR 18 AM 10:42
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 13, 1996

CSC NETWORKS

SUBJECT: STARMED HEALTH PERSONNEL, INC.
Ref. Number: W96000005517

Resubmit

We have received your document for STARMED HEALTH PERSONNEL, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 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 entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1200.00.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 596A00011212

line # 13

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. STARMED ~~STAR~~ HEALTH PERSONNEL 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. Delaware
(State or country under the law of which it is incorporated)
3. 59-3297579
(FEI number, if applicable)
4. February 21, 1995
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. MARCH 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 2701 N. ROCKY POINT DRIVE
Suite 650 TAMPA FLORIDA 33607
(Current mailing address)
8. Supplemental STAFFING OF MEDICAL PERSONNEL
(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: Prentice-Hall Corporation SYSTEM, INC.
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301, Florida, 32301
(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.

Marcia A. Havner 3-13-96

(Registered agent's signature)
Marcia A. Havner, Assistant Secretary

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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

C. Chairman: ROBERT J. ADAMSON
Address: 1662 CROSS TEE COURT
OLDSMAR, FLORIDA 34677

~~Chairman~~ Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ROBERT ADAMSON
Address: 1662 CROSS TEE COURT
OLDSMAR, FLORIDA 34677

Vice President: _____
Address: _____

Secretary: STEPHEN M. DAVIS
Address: 711 FIFTH AVENUE
NEW YORK, NEW YORK 10022-3494

Treasurer: ROBERT ADAMSON
Address: 1662 CROSS TEE COURT OLDSMAR, FLORIDA 34677

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT ADAMSON PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STARMED HEALTH PERSONNEL, INC." 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 ELEVENTH DAY OF MARCH, A.D. 1996.

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.

FILED
96 MAR 18 AM 10:42
TALLAHASSEE, FLORIDA



Edward J. Freel
Edward J. Freel, Secretary of State

2482581 8300

960069475

AUTHENTICATION

7859609

DATE

03-11-96