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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

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-04/03/95--01032--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: GULFCOAST PHYSICIAN SERVICES, MDS, 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", 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:

James F. McCollum  
(Name of Person)

McCollum & Johnson, P.A.

(Firm/Company)

129 South Commerce Avenue

(Address)

Sebring, FL 33870

(City, State and Zip Code)

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

James F. McCollum

(Name of Person)

at ( 813 ) 385 - 5188

Area Code & Daytime Telephone Number

COURIER ADDRESS:

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

MAILING ADDRESS:

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

## 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. GULFCOAST PHYSICIAN SERVICES, MDS, 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. Mississippi 3. 64-0855725  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 25, 1995 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 25, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. Post Office Box 131  
Sebring, FL 33871-0131  
(Current mailing address)

8. Maintain checking account  
(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: James F. McCollum of McCollum & Johnson, P.A.

Office Address: 129 South Commerce Avenue

Sebring, Florida, 33870  
(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.*

  
(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.

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

A. DIRECTORS

Chairman: Giles D. Miller  
Address: 1229 Lakeside Way  
Sebring, FL 33870

Vice Chairman: Wesley L. Bickel  
Address: 2872-B Winding Oaks Lane  
West Palm Beach, FL 33414

Director: Gabriel A. Pulido  
Address: 4116 Medina Way  
Sebring, FL 33872

Director: Amy U. Miller  
Address: 1229 Lakeside Way  
Sebring, FL 33870

B. OFFICERS

President: Giles D. Miller  
Address: 1229 Lakeside Way  
Sebring, FL 33870

Vice President: Wesley L. Bickel  
Address: 2872-B Winding Oaks Lane  
West Palm Beach, FL 33414

Secretary: Amy U. Miller  
Address: 1229 Lakeside Way  
Sebring, FL 33870

Treasurer: Gabriel A. Pulido  
Address: 4116 Medina Way  
Sebring, FL 33872

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. Giles D. Miller, Chairman  
(Typed or printed name and capacity of person signing application)

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# State of Mississippi

Office of the Secretary of State

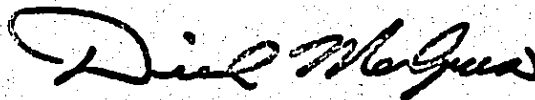
Dick Molpus, Secretary of State  
Jackson, Mississippi

## MISSISSIPPI CORPORATION INFORMATION SYSTEM

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DIVISION OF CORPORATIONS  
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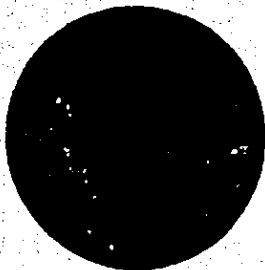
Corporation Name:  
GULF COAST PHYSICIAN SERVICE, MDS, INC.

Corp ID: 0614487  
Filed: 01/25/1995 AT 8:00 A. M.



DICK MOLPUS  
Secretary of State

Filing Fee Receipt: \$50.00



Secretary of State  
P.O. Box 136  
Jackson, MS 39205  
(601) 359-1333