

F95000002963

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: New England Independent Medical Exams Inc
(Name of corporation - must include suffix)

200001500422
-05/26/95--01078--004
*****70.00 *****70.00

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 L. D'ANGELO
(Name of Person)

New England Medical Exams
(Firm/Company)

1515 HANCOCK ST
(Address)

QUINCY, MASS 02169
(City, State and Zip Code)

W95-11384

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

JAMES D'ANGELO at (617) 479-6556
(Name of Person) 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. New England Independent Medical Examiners 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. MASSACHUSETTS
(State or country under the law of which it is incorporated)
3. 04-2859639
(FEI number, if applicable)
4. MARCH 1985
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 1515 HANCOCK ST
QUINCY MASS 02169
(Current mailing address)
8. To provide independent second & third opinion medical evaluations
(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: DANIEL O'BRIEN
Office Address: 515 Seabreeze Blvd - suite 219
FT LAUDERDALE, Florida, 33316
(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.

Daniel W. O'Brien

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: JAMES L. D'ANGELO

Address: NEW ENGLAND MEDICAL 1515 HAWKES ST
QUINCY MASS 02169

Vice President: DIANNE FAGAN

Address: NEW ENGLAND MEDICAL 1515 HAWKES ST
QUINCY MASS 02169

Secretary: _____

Address: _____

Treasurer: JAMES L. D'ANGELO

Address: NEW ENGLAND MEDICAL
QUINCY MASS 02169

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

13.

James L. D'Angelo
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

JAMES L. D'ANGELO president
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

May 10, 1995

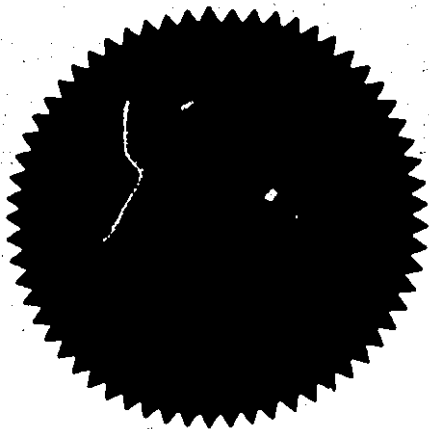
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

New England Independent Medical Examiners, Inc.

is a domestic corporation organized on **March 1, 1985**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

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