



July 5, 1995

Corporate Records Bureau
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Island Medical Services Inc.
9506072513516

900001535099
-07/11/95--01106--007
*****70.00 *****70.00

Dear Sir or Madam:

Enclosed please find:

- Application for Authority
- Certificate of Good Standing
- payment of \$70.00

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, with questions regarding the enclosed application.

Sincerely,

Susan P. Rosenthal
Corporate Service Representative

enc.

95 JUL -7 PM 1:00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. Inland Medical Services 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 3. Applied for.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/07/95 5. Perpetual
(Date of incorporation) (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. P.O. Box 5490
Key West, Florida 33045
(Current mailing address)
8. Mobile x-ray & ultrasound, physician billing, consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -7 PM 1:00

9. Name and street address of Florida registered agent:

Name: Larry Wolfe
Office Address: 200 A John Knox Rd.
Tallahassee, Florida, 32303-6643
(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.

See Attached

(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.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is
submitted:

First, this Island Medical Services Inc.
desiring to organize under the laws of the state of Florida with its principal place of
business located in the city of Key West, State of
Florida, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee FL
32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated
corporation, at the place designated in this Certificate, I hereby agree to act in this
capacity, and I further agree to comply with the provisions of all statutes relative to
the proper and complete performance of my duties.


Larry Wolfe

07/03/95
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -7 PM 1:00

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)

Chairman: Paul Nottingham
Address: 1507 5th Street
Key West, Florida 33040

Vice Chairman: Nancy Hensley
Address: 19616 Aztec
Summerland Key, FL. 33042

Director: Nicholas Golinello
Address: 1507 5th Street
Key West, Florida 33040

Director: Thomas Sudik
Address: 1507 5th Street
Key West, Florida 33040

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

President: Nicholas Golinello
Address: 1507 5th Street
Key West, Florida 33040

Vice President: Nancy Hensley
Address: 19616 Aztec
Summerland Key, FL 33042

Secretary: Thomas Sudik
Address: 1507 5th Street
Key West, FL. 33040

Treasurer: Paul Nottingham
Address: 1507 5th Street
Key West, FL 33040

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

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

14. Paul Nottingham, Treasurer
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -7 PM 1:00

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY 'ISLAND MEDICAL SERVICES 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 THIRD DAY OF JULY, A.D. 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -7 PM 1:00



Edward J. Freel

Edward J. Freel, Secretary of State

2513516 8300

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7562270
AUTHENTICATION:

07-03-95
DATE: