TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

0000150950 -06/09/95--01015--007 *****70.00 *****70.00

CREDENTIALIN & (Name of corporation - must include suffix)

Doar Sir or Madam:

W95-11764

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Cartificate 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:

<u>P. o . Box 290760</u> (Address)

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

COOPER at (904) 257 - 3005. erson) Area Code & Lyvime Telephone Number (Name of Person)

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 9, 1995

JOHN C. COOPER EAST COAST CREDENTIALING INC. PO BOX 290760 PORT ORANGE, FL 32129-0760

SUBJECT: EAST COAST CREDENTIALING INC.

Ref. Number: W95000011764

We have received your document for EAST COAST CREDENTIALING INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that we are returning the photocopied certificate of incorporation which you submitted, as it is not the same as the certificate described above.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 195A00028425

East Coast Credentialing Inc.

"Serving the Medical Profession"

July 14 1995

Florida Department of State, Division of Corporations, P.O. Box 6327, Tallahassee, Fl 32314

Dear Sirs,

Re your letter Number 195A00028425

I enclose the required certified true and correct copy of the Certificate of Incorporation for East Coast Credentialing Inc. I hope that this satisfies your requirements. Please return this original to me after you are satisfied just in case any other bureaucrats require a "Certified copy ete"

Yours Faithfully,

J.C.Cooper



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 18, 1995

JOHN C. COOPER EAST COAST CREDENTIALING INC. PO BOX 290760 PORT ORANGE, FL 32129-0760

SUBJECT: EAST COAST CREDENTIALING INC.

Ref. Number: W95000011764

We have received your document for EAST COAST CREDENTIALING INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

We are returning the certified copy of the Certificate of Incorporation which you submitted. The certificate we require is a single page, similar to the cover page of the copy we are returning, and states that the corporation is still active. A photocopy of one is attached for your reference. Please call the Delaware Secretary of State at (302) 739-3073 for further information on obtaining the certificate we require.

Please also note that we will retain the original certificate of existence in this office; if you need more than one you may wish to order multiple certificates from Delaware.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 495A00034249

8/14/95.

My hast effont. If he does not satisfy
your requireds in will go to treogic inter
our employees.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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 FLU YIDA:

R FOFN/TTRITALE

1.	(Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or wor abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural or partnership if not so contained in the name at present.)	ds or parson
2.	DELAWARE [State or country under the law of which it is incorporated] 3. 59-331484 (FEI number, If applicable)	
	(Date of Incorporation) 5. PERP 6 TUAL (Date of Incorporation) (Duration: Year corp. will cause to exist or 'perpetute	<u>j(1)</u>
6.	(Date first transacted business in Fiorida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	,, `/- ,
	P. O. Box 290760, PORT ORANGE,	
	(Current mailing address)	Ċa
3.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
Э.	Name and street address of Florida registered agent:	
	Name: JOHN C. COOPER	
	Office Address: 6 LAZY EIGHT Di	
	Per Bank , Florida , 32124 (Zip Code)	
0.	. 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.

12. Names and addresses of officers and/or directors: (Stree address ONLY- P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)
Chairman: JOHN C. COOPER
Address: 6 LAZY ETGHT Dim,
Dylan Bank FR 32124
Vice Chairman: CINDY FENTON
Address: 92 SOUTH PIEDMONT Are
PORT ORANGE, FR32119
Director:
Address:
Director:
Address:
B.OFFICERS(Street address only- P. O. Box NOT acceptable)
President: JEHN C. COOPER
Address: and
Vice President: CTNDY FENTON
Address:a_alor-
Secretary: CINDY FENTON
Address:
Treasurer: JOHN C. COOPER
Address:
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. JOHN C. COOPER
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAST COAST CREDENTIALING 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 THIRTY-FIRST DAY OF JULY, A.D. 1995.

THE NAME OF CAMESONS AND STATES

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

7591355

07-31-95

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