

# F95000004975

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

100001609341  
-10/12/95--01080--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Medical Hair Institute, 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:

Knox Wolaver, JR.  
(Name of Person)

Diversified Systems Services, Inc.  
(Firm/Company)

8551 W. Sunrise Blvd. Ste. 303  
(Address)

Plantation, FL 33322  
(City/State/Zip)

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DIVISION OF CORPORATIONS

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

Knox Wolaver, JR. at ( 305 ) 423-0701  
(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 Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 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 FLORIDA:**

1. Medical Hair Institute, 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. 65-0606154  
(FEI number, if applicable)
4. 9-15-95  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. 9-15-95  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 8551 West Sunrise Blvd. Suite 303  
Plantation, FL 33322  
(Current mailing address)
8. Medical Practice of Hair Restoration  
(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: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: Knox Wolaver, JR.  
Office Address: 8551 W Sunrise Blvd, Ste 303  
Plantation, Florida, 33322  
(Zip Code)

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**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.*

Knox Wolaver, JR.  
(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: (Street address ONLY- P. O. Box NOT acceptable)

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

Chairman: Mr. Mac Faden

Address: 8551 W. Sunrise Blvd., Ste 303, Plantation FL 33322

Vice Chairman Dr. Michael Alea

Address: 6670 SW 69<sup>th</sup> Lane

South Miami, FL 33143

Director: Dr. Ronald Kludo

Address: 1515 N. Federal Hwy Suite 309

Boca Raton, FL 33432

Director: Mr. Mac Faden

Address: 8551 W. Sunrise Blvd. Suite 303

Plantation, FL 33322

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

President: Dr. Michael Alea

Address: 6670 SW 69<sup>th</sup> Lane

South Miami, FL 33143

Vice President: Knox Wolaver, Jr.

Address: 8551 W. Sunrise Blvd., Suite 303

Plantation, FL 33322

Secretary: Knox Wolaver, Jr.

Address: 8551 W. Sunrise Blvd., Suite 303

Plantation, FL 33322

Treasurer: John R. George

Address: 2121 W. Oakland Pl. Blvd Suite 396

Ft. Lauderdale, FL 33311

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

13. Michael Alea - Vice Chairman

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

14. Dr. Michael Alea - Vice Chairman

(Typed or printed name and capacity of person signing application)

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State of Delaware  
*Office of the Secretary of State* PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL HAIR INSTITUTE, 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 OCTOBER, A.D. 1995.

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A handwritten signature in cursive script, reading "Edward J. Freel", is written over a horizontal line.

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7662313

10-03-95

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