

## TRANSMITTAL LETTER

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(Name of corporation - must include suffix)

**Please return all correspondence concerning this matter to the following:**

(Name of Person)

(Firm/Company)

(Address)

(City/State/Zip)

(Name of Person)

at ( )  
(Area Code & Daytime Telephone Number)

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. Y. J. Inc. 1-11-92, 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. New York  
(State or country under the law of which it is incorporated)
3. 11-311-7599  
(FBI number, if applicable)
4. 7/3/92  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. No BUSINESS as of 11/2/95  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 12 FLY 11-92  
1010 1st Ave SE 33075  
(Current mailing address)
8. MEDICAL EQUIPMENT SALES  
(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: Mr. J. J. J. J. J.  
Office Address: 555 1st Ave SE 33075  
1010 1st Ave SE, Florida, 33075  
(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.*  
J. J. J. J. J.  
(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: LISA RUDERMAN  
Address: 5955 NW 99 WAY, PANKLAND FL 33067

Vice Chairman: GARY RUDERMAN  
Address: 5955 NW 99 WAY  
PANKLAND, FL 33067

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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

President: LISA RUDERMAN  
Address: 5955 NW 99 WAY  
PANKLAND FL 33067

Vice President: GARY RUDERMAN  
Address: 5955 NW 99 WAY  
PANKLAND, FL 33067

Secretary: LISA RUDERMAN  
Address: 5955 NW 99 WAY  
PANKLAND, FL 33067

Treasurer: GARY RUDERMAN  
Address: 5955 NW 99 WAY  
PANKLAND FL 33067

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

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

14 GARY RUDERMAN - VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of PAINCARE PLUS, INC. was filed on 07/03/1992, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 12th day of October  
one thousand nine hundred and  
ninety-five.

*Alexander F. Treachwell*

Secretary of State

199510130118

# F95000005468

1-16-97

Requester's Name  
Address  
City State Zip Phone

PBR

VALIDATION ONLY

FILED  
JUN 17 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION(S) NAME

Paincare Plus, Inc.

IF-35

400002065214  
-01/22/97-01169-00  
\*\*\*\*157.50 \*\*\*\*35

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                      |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                        |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other withdrawal |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent  |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal      |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem             |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up          |
|  |  | <input type="checkbox"/> After 4:30                  |
|  |  | <input type="checkbox"/> Mail Out                    |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Withd  
PBR  
1-17

1-800-432-3028

**Brian Lynn, C.P.A., P.A.**  
Certified Public Accountant

Two South University Drive, Suite 215  
Plantation, FL 33324  
West Palm Beach: (800) 330-2933  
Broward: (305) 474-1111  
Dade: (305) 940-1878  
Fax: (305) 474-5373

December 31, 1996

Amendment Section Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

RE: Painscare Plus, Inc. (a foreign corporation)  
withdrawal of authority  
Painscare Plus, Inc. (a newly formed Florida corporation)

Dear Secretary of State:

Please be advised I have provided you with the incorporation documents of Painscare Plus, Inc. which has been formed as of January 1, 1997. The incorporator and owner of Painscare Plus, Inc. (new) is also the owner of the foreign corporation which has been previously licensed to do business in the State of Florida since 1995. As such, and pursuant to your section's telephone conference, we are providing you with the application by the foreign corporation for withdrawal of authority to transact business in the State of Florida.

We have been advised that this procedure would in substance free up the name Painscare Plus, Inc. which is the basis for providing the incorporation documents.

If you have any problems with respect to the withdrawal and incorporation, kindly advise me accordingly.

I wish to thank you for your time and kind cooperation with respect to this matter.

Sincerely,



Brian Lynn, C.P.A., P.A.

Enclosures

cc: Lisa Ruderman

*Fee includes \$122<sup>50</sup> for filing and \$35<sup>00</sup> for  
withdrawal of New York Corporation.*

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA

PAINCARE PLUS INC  
(Name of Corporation)

STATE OF NEW YORK  
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

5955 NW 99TH WAY  
(Mailing Address)

PARKLAND FL 33076  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Lisa Ruderman  
Signature

Pres Chairman of the  
Title Board

LISA RUDERMAN  
Typed or printed name

1/1/97  
Date