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400001719464
-02/20/96--01100--007
*****78.75 *****78.75

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Physician Business Assurance, Inc.
(Name of corporation - must include suffix)

400001719464
-02/20/96--01100--007
*****78.75 *****78.75

Dear Sir or Madam:

W96-3916

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:

Vanessa S. Katz
(Name of Person)
Physician Business Assurance, Inc.
(Firm/Company)
3500 Aloma Ave., Suite 35D
(Address)
Winter Park, FL 32792
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 27 PM 2:12

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

Vanessa S. Katz at (407) 679-6660
(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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 21, 1996

VANESSA S. KATZ
PHYSICIAN BUSINESS ASSURANCE, INC.
3500 ALOMA AVE #35D
WINTER PARK, FL 32792

SUBJECT: PHYSICIAN BUSINESS ASSURANCE INC.
Ref. Number: W96000003916

We have received your document for PHYSICIAN BUSINESS ASSURANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 996A00007556

**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. Physician Business Assurance, 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. 59-3356793
(FEI number, if applicable)
4. 1/31/96
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Not yet started - anticipated 3/15/96 or 3/1/96 if possible
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3500 Aloma Avenue, Suite 35D
Winter Park, FL 32792
(Current mailing address)
8. Engage in any lawful activity for which corporations may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) specifically computer hardware, software and consulting and medical office consulting
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: Vanessa S. Katz
Office Address: 3500 Aloma Ave., Suite 35D
Winter Park, Florida, 32792
(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.


(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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: Vanessa S. Katz

Address: 4200 Vanita Ct., Winter Springs FL 32708

Vice Chairman: Ronald B. Anderson

Address: 162 Spring Chase Cir. Altamonte Springs, FL 32714

Director: Vanessa S. Katz

Address: 4200 Vanita Ct. Winter Springs, FL 32708

Director: Ronald B Anderson

Address: 162 Spring Chase Cir. Altamonte Springs, FL 32714

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

President: Vanessa S. Katz

Address: 4200 Vanita Ct. Winter Springs, FL 32708

Vice President: Ronald B. Anderson

Address: 162 Spring Chase Cir Altamonte Springs, FL 32714


Secretary: Vanessa S. Katz

Address: 4200 Vanita Ct. Winter Springs, FL 32708

Treasurer: Ronald B. Anderson

Address: 162 Spring Chase Cir Altamonte Springs FL 32714

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. Vanessa S. Katz
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN BUSINESS ASSURANCE 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 THIRTEENTH DAY OF FEBRUARY, A.D. 1996.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 27 PM 2:12




Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7826138

02-13-96

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