

F96000001707

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

000001759930
-03/27/96--01005--006
***131.25 ***131.25

SUBJECT: Massapequa Temporaries, Inc. d/b/a: M-E-A Health Care Services
(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:

Barbara Konits
(Name of Person)
Massapequa Temporaries, Inc.
(Firm/Company)
425 West Colonial Drive, Suite 206
(Address)
Orlando, Florida 32804-6863
(City, State and Zip Code)

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

Barbara Konits at (407) 293-6007
(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 Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -4 PM 1:29



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 27, 1996

BARBARA KONI'S
MASSAPEQUA TEMPORARIES, INC.
425 W. COLONIAL DR., #206
ORLANDO, FL 32804-6863

SUBJECT: MASSAPEQUA TEMPORARIES, INC.
Ref. Number: W96000006698

We have received your document for MASSAPEQUA TEMPORARIES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Only the corporate name as it appears on your certificate should be listed on line #1 of the application. If the corporation wishes to do business in Florida under a fictitious name, then an "Application for Registration of Fictitious Name" packet (enclosed) needs to be completed.

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) 487-6093.

Freya Lott
Corporate Specialist Supervisor

Letter Number: 496A00014153

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. Massapequa Temporaries 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
(State or country under the law of which it is incorporated)

3. 11-2330444
(FBI number, if applicable)

4. May 20, 1974
(Date of incorporation)

5. perpetual
(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 817.155, F.S.))

7. 5260 Merrick Road
Massapequa, New York 11758
425 West Colonial Drive, Suite 206
Orlando, Florida 32804-6863
(Current mailing address)

8. operate a Home Health Agency
(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 NO acceptable)

Name: Robert E. Irwin

Office Address: 425 West Colonial Drive, Suite 204

Orlando, Florida, 32804-6863
(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.

Robert E. Irwin

(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
96 APR -4 PM 1:29

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: Marilyn Menichelli

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Vice Chairman: Reno Menichelli

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Director: Barbara Konits

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Director: _____

Address: _____

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

President: Marilyn Menichelli

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Vice President: Barbara Konits

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Secretary: Reno Menichelli

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

Treasurer: Reno Menichelli

Address: 7742 Glendevon Lane, Delray Beach, FL 33446

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

13. *Barbara Konits*

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

14. Barbara Konits, Vice President

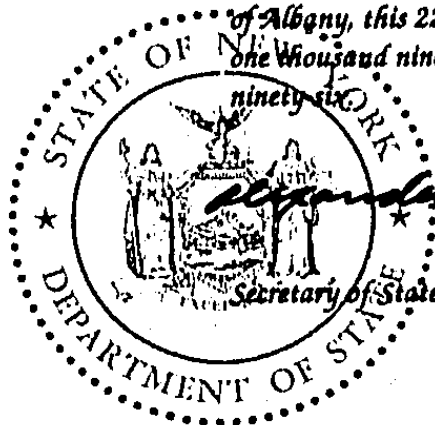
(Typed or printed name and capacity of person signing application)

State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of MASSAPEQUA TEMPORARIES INC. was filed on 05/20/1974, 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.

The Statement of Addresses and Directors is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of March
one thousand nine hundred and
ninety six



Alfred F. Treadwell

Secretary of State

199603250378 40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -4 PM 1:29