16000002850

						•
C T CORPORATION SYSTEM						
Requesto	r's Name					
	660 East	Jefferson S	treet			
Address	Tallahasa	ee, Florida	32301			
City	State	Zlp	Phone		agaqqa !	្រឡង្គម បុគ្គាជ
	CC	PORATIO	N(S) NAME		-00 (06,/30 m #57-3 (0, 06	01088022 +->++70.00
				1 1/	7/ /70	
				NG	16-120	34
<u> </u>	· · · · · ·	CL CO				
<u> Star</u>	med 3	Staffing	, tuc			95 <u>55</u>
. /						
(+) Profil			4 5 4			아 일착[
() Nonf		–	() Amendment		() Merger	플릭
		ity Company		 		<u></u>
(/) Fore	gn		() Dissolution/W	/itndrawai	() Mark	다. 55 지하는 45 15 15 15 15 15 15 15 15 15 15 15 15 15
() Limit	ed Partners	ship	() Annual Repor	rt	() Other	- 10 Te
() Reinstatement			() Reservation		() Change o	f R.A.
` '		ity Partner	1,		() Fictition	
	fied Copy		() Photo Coples	}	() CUS	
() Call \	When Read	ly	() Call if Problem	n	() After 4:30	<u> </u>
(XWalk			() Will Walt	/	Pick Up	. 8
() Mail (Out		• •	-		S 39 .
						<u></u>
Näme Avallabilit	v					<i>5</i>
			<u>.</u>	PLEASE	REJURN EXTRA	
Documer			1/1/2		FILE STAMPI	£D, ` `
Examiner		ļ	6/6/90		<u>≥</u> ′	
Updater	***		1 1		🔫 😚	
Veriller					•	
Animoral -						
Acknowle	agment					
W P Veri	llor					
77.F. V##	1977 [

CR2E031 (1-89)



Walked-IV 6/4/96

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 6, 1996

CT CORPORATION SYSTEM

SUBJECT: STARMED STAFFING, INC.

Ref. Number: W96000012034

We have received your document for STARMED STAFFING, INC. and your check(s) totaling \$70.00. 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.)

Please return a photocopy of the corrected application if you would like one stamped and returned to you.

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: 096A00028367:

÷



America's Healthcare Staffing Innovators

2701 North Rocky Point Drive, Suite 650 Tampa PL 33607 813-281-0202 1-800-782-7633 Pax 813-281-8766

June 3, 1996

Florida Department of State Tallahassee, Florida

Dear Sir,

Non re-instatement of Starmed Staffing LP, document number B95000000266

This letter serves to confirm that Starmed Staffing LP has no intention to re-instate it's certificate of authority in the state of Florida and agrees to release the name of Starmed Staffing to Starmed Staffing Inc, Federal Identification Number 59-3321890.

Yours sincerely

Robert J Adamson

Director, MRI Starmed Inc

General Partner of Starmed Staffing LP

SUZE K. WAY Comm. No. CC 378754 My Comm., Exp. June 5, 1996 londed thru Pichard Ips. Agcy.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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:

or partnership if not s	import in languagi so contained in the	e as will clearly indicate that it	OMPANY", "CORPOI is a corporation instea	RATION", or words or id of a natural person
Delaware (State or country und	er the lew of who	h (t le locamorated)	3. <u>59-332</u>	
(State of Country und	at me imm of Altic	u it is iucoiboured)	(PELIN	imber, if applicable)
December 18, 19		5. Perpetual		
(Date of incorpo	omition)	(Duration: Ye	er corp. will cease to e	exist or "perpetual")
Upon Qualific	ation			<u>ه</u> و
Date first transacted	business in Florid	a. (See sections 607.1501, 60	7.1502, and 817,158,	F.S.)) 55 258
OPO1 M. Doclar B	antona montono m			FILEGRETARY SIGN OF D
ZIUI N. ROERV P	OLINE DELVE. S	iuite 650, Tampa, Flori	da 33507	ra ^{me} im
	(Current maili	ng address)		OF STATE AN IO: 50
		1		A NEW
		•		vo ≍
To conduct any Purpose(s) of corpora	and all lawfu	1 act or activity.	mied out in the state (
Purpose(s) of corpora	and all lawfu itlon authorized in	home state or country to be co	arried out in the state o	
Purpose(s) of corpora Florida) \	ition authorized in	home state or country to be co	imled out in the state o	
Purpose(s) of corpore Florida) Name and street ac	ition authorized in ddress of Florida	home state or country to be co	infied out in the state o	
Purpose(s) of corpora Florida) Name and street ac Name:	ition authorized in Idress of Florida REEKT J	home state or country to be co		
Purpose(s) of corpora Florida) Name and street ac Name:	ition authorized in Idress of Florida REEKT J	nome state or country to be controlled t		
Purpose(s) of corpora Florida) Name and street ac Name:	ition authorized in idress of Florida ROBEKT J 2701 N RO	nome state or country to be can registered agent; ANANSON CKY POINT DRIVE SUITE	650	
Purpose(s) of corpora Florida) Name and street ac Name: Office Address: Registered agent a	Ition authorized in Idress of Florida ROBERT J 2701 N RO TANPA acceptance:	nome state or country to be call registered agent: ANANSON CKY POINT DRIVE SUITE , Florida, 33607 (Zip Co	650 de)	of E
Purpose(s) of corpora Florida) Name and street ac Name: Office Address: Registered agent a ing been named as n	Ition authorized in ideas of Florida for Ekt J 2701 N Ro TANPA acceptance: egistered agent ar	ANANSON ANANSON Florida, 33607 Zip Co	de)	of
Purpose(s) of corpora Florida) ame and street ac Name: Office Address: Registered agent a ing been named as n grated in this applica er agree to comply w	Itlen authorized in dress of Florida Robert J 2701 N Romanda Robert J 2701 N Romanda Robert R	ANANSON ANANSON CKY POINT DRIVE SUITE CIP Co and to accept service of process sept the appointment as registe of all statutes relative to the p	de) for the above stated or agent and agree to per and complete pe	of corporation at the place of act in this capacity.
Purpose(s) of corpora Florida) Name and street ac Name: Office Address: Registered agent a ing been named as n grated in this applica agree to comply w	Itlen authorized in dress of Florida Robert J 2701 N Romanda Robert J 2701 N Romanda Robert R	ANANSON ANANSON Florida, 33607 Zip Cond to accept service of process sept the appointment as register.	de) for the above stated or agent and agree to per and complete pe	of corporation at the place of act in this capacity.
Purpose(s) of corpora Florida) Name and street ac Name: Office Address: Registered agent a ing been named as n grated in this applica agree to comply w	Itlen authorized in dress of Florida Robert J 2701 N Romanda Robert J 2701 N Romanda Robert R	ANANSON ANANSON CKY POINT DRIVE SUITE CIP Co and to accept service of process sept the appointment as registe of all statutes relative to the p	de) for the above stated or agent and agree to per and complete pe	of corporation at the place of act in this capacity.
Purpose(s) of corpora Florida) Name and street ac Name: Office Address: Registered agent a ring been named as n ignated in this applica- tor agree to comply w	Itlon authorized in dress of Florida Robert J 2701 N Ro TAHPA Roceptance: egistered agent aration. I hereby accept the oblig	ANANSON ANANSON CKY POINT DRIVE SUITE CIP Co and to accept service of process sept the appointment as registe of all statutes relative to the p	de) for the above stated or agent and agree to be agent.	of corporation at the place of act in this capacity.

P.02/04

CT CORP-PLANTATION

SS:SI 9661-12-XWW

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 direct	OLB.
---	------

A.	DIRECTORS	
	Chairmar	1:
	Address:	
	Vice Chai	rman:
	Address:	
	-	
	Director:_	
	Address:	,
	•	
	Director:_	
	-	
В.	OFFICERS	
	President:	Robert J. Adamson
	Address:	2701 N. Rocky Point Drive. Suite 650
	· · · · · · · · · · · · · · · · · · ·	Tampa, Florida 33607
	Vice Presid	dent:
	Address:	
	-	
	Secretary:	ROBERT J ALMHSON
	Address: _	2701 N ROCKY POINT DRIVE, SUITE 650
		TANPA . FL . 33607

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. Robert J. Adamson. President (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STARMED STAFFING, 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 MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE DIVISION OF CORPORATIONS

95. JUN - 5. AM 10: 59



Edward J. Freel, Secretary of State

AUTHENTICATION:

7967246

DATE:

05-31-96