

F96000006653



December 6, 1996

Florida Department of State
Qualification/Tax Lien Section, Division of
Corporations
PO Box 6327
Tallahassee, FL 32314

800002024799--6
-12/10/96--01104--004
***122.50 ***122.50

W96-26114

To Whom it may concern:

Enclosed is the documentation to register IMG Latin America as a foreign corporation to transact business in Florida. The following documents are enclosed:

- Application
- Check payable to Florida Department of State for \$122.50 (\$70.00 for registration fee and \$52.50 for a certified copy).
- Certificate of Existence

Should you have any questions regarding the above, please let me know at (561)392-9596.

Sincerely,

Debby Half-Clavijo
General Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 19 AM 10:26

FILED

12/19



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 12, 1996

**SERGIO ARANA
INTERNATIONAL MEDICAL GROUP LATIN AMERIC
4800 N FEDEHAL HWY, STE 205A
BOCA RATON, FL 33431**

**SUBJECT: IMG LATIN AMERICA, INC.
Ref. Number: W96000026114**

We have received your document for IMG LATIN AMERICA, INC. and your check(s) totaling \$122.50. 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.

The name on line one of the application would need to match the name on the certificate. If you wish to have a DBA name you would need to complete the enclosed Fictitious Name Application.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 296A00055583

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: International Medical Group Latin America, 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:

Mr. Sergio Arana
(Name of Person)

International Medical Group Latin America, Inc
(Firm/Company)

4800 N. Federal Hwy, Suite 205A
(Address)

Boca Raton, FL 33431
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sergio Arana at (561) 392-9896
(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. IMG Latin America, 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. Indiana 3. 35-1972233
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 10/25/95 5. "perpetual"
(Date of Incorporation) (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. 4800 N. Federal Hwy, Suite 205A
Boca Raton, FL 33431
(Current mailing address)

8. Insurance Administration
(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: Sergio Arana

Office Address: 4800 N. Federal Hwy, Suite 205A
Boca Raton, Florida, 33431
(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.

[Signature]
(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: William J. Atkins

Address: 135 N. Pennsylvania St. Suite 1700
Indianapolis, IN 46204

Vice Chairman: _____

Address: _____

Director: Sergio D. Arana

Address: _____

Director: Jose Maria Alvarez

Address: _____

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

President: William J. Atkins

Address: 135 N. Pennsylvania St. Suite 1700
Indianapolis, IN 46204

Vice President: Sergio D. Arana

Address: 4800 N. Federal Hwy Suite 205A
Boca Raton, FL 33431

Secretary: Jose Maria Alvarez

Address: (SAME AS ABOVE)

Treasurer: William J. Atkins

Address: (SAME AS ABOVE)

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. Sergio Arana - Director and V.P.

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

William J. Atkins

Director, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

12/19/96

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

IMG LATIN AMERICA, INC.

filed Articles of Incorporation on October 24, 1995, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-fifth day of November, 1996.

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
Deputy