

F97000005748

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MPS Medical Professional Services of Orlando, Inc
(Name of corporation - must include suffix)

900002333729--9
-10/30/97--01044--003
*****70.00 *****70.00

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:

STEPHEN C. COEN
(Name of Person)
STEPHEN C. COEN, P.C.
(Firm/Company)
3921 Green Oaks Blvd. West, Suite F
(Address)
Arlington, Tx 76016
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/30

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

STEPHEN COEN at (817) 564-0272
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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. MPS Medical Professional Services of Orlando, 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. Texas 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-2-97 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Subsequent to 7-2-97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2699 Lee Road, Suite 510
Winter Park, FL 32789
(Current mailing address)

8. ALL LAWFUL PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Andy Bair

Office Address: 2699 Lee Road, Suite 510
Winter Park, Florida, 32789
(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.

X Andy Bair
(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.

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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: Kundan Sharma

Address: 310 S. Sherman, Suite 106, Richardson, Tx 75081

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Kundan Sharma

Address: 310 S. Sherman, Suite 106, Richardson, Tx 75081

Vice President: _____

Address: 310 S. Sherman, Suite 106, Richardson, Tx 75081

Secretary: Carol Johnson

Address: 310 S. Sherman, Suite 106, Richardson, Tx 75081

Treasurer: Sudesh Sharma

Address: 310 S. Sherman, Suite 106, Richardson, Tx 75081

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

13. X Kundan Sharma
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kundan Sharma, Director & President
(Typed or printed name and capacity of person signing application)



The State of Texas

SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

MPS MEDICAL PROFESSIONAL SERVICES OR ORLANDO, INC.
File No. 1451363-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.

*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on October 10, 1997.*



107.

Antonio O. Garza, Jr.
Secretary of State

PH