

F970000005872

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: JANIKAMMA KOTHALANKA MD PA

(Name of corporation - must include suffix)

Dear Sir or Madam:

900002340039--4

-11/06/97--01054--001

*****78.75 *****78.75

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:

RAMAKRISHNA KOTHALANKA MD

(Name of Person)

(Firm/Company)

9498 SW 164 CT

(Address)

MIAMI FL 33196

(City/State/Zip)

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

R. KOTHALANKA at (305) 408-3459

(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

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DIVISION OF CORPORATIONS

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11/6

**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. JANICA MMA KOTHALANICA MDPA
(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. NJ 3. 22-3077166
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/7/90 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/15/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9498 SW 164 CT
MIAMI FL 33196
(Current mailing address)

8. Providing medical Care - MD
(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: RAMA KRISHNA KOTHALANICA

Office Address: 9498 SW 164 CT

MIAMI FL 33196, Florida, 33196
(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.

R. Krishnan
(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)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: JANI LAMMA KOTHALANCA MD PA

Address: 9498 SW 164 CT

MIAMI FL 33196

Vice President: _____

Address: _____

Secretary: RAMA KRISHNA KOTHALANCA

Address: 9498 SW 164 CT

MIAMI FL 33196

Treasurer: _____

Address: _____

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

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

14. JANI LAMMA KOTHALANCA MD PA
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

JANIKAMMA KOTHALANKA, M.D., P.A.

I, the Secretary of State of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on November 7, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

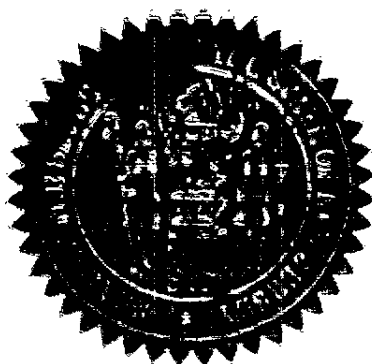
*Ramakrishna Kothalanka M D
126 Bentley Ave
Jersey City, NJ 07304*

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REGISTRATION

STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

JANIKAMMA KOTHALANKA, M.D., P.A.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
25th day of September, 1997

Lonna R. Hooks

LONNA R HOOKS
Secretary of State

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