

F970000006458

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Unlimited Medstaff of Florida, 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:

200002352952--0  
-11/20/97--01067--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

John F. O'Connor

(Name of Person)

W97-26255

Unlimited Medstaff of America, Inc.

(Firm/Company)

180 Monroe N.W., Suite 150

(Address)

Grand Rapids, MI 49503

(City/State/Zip)

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

John F. O'Connor at (616) 459-5998

(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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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

November 20, 1997

JOHN F. O'CONNOR  
UNLIMITED MEDSTAFF OF AMERICA INC  
180 MONROE N.W., STE 150  
GRAND RAPIDS, MI 49503

SUBJECT: UNLIMITED MEDSTAFF OF FLORIDA, INC.  
Ref. Number: W97000026255

We have received your document for UNLIMITED MEDSTAFF OF FLORIDA, 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 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 (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 797A00055712

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# 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. Unlimited Medstaff of Florida, 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. Florida Michigan 3. 38-3375266  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Sept 26, 1997 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Nov 11, 1997  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Unlimited Medstaff of Florida, Inc.  
180 Monroe N.W. Suite 150 Grand Rapids, MI 49503  
(Current mailing address)

8. Medical Staffing  
(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: Kristian E. Skogen  
Office Address: 710 Oakfield Dr. Suite 102  
Brandon, Florida, 33511  
(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.

  
(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: N/A

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President/  
SecretaryKristian E. Skogen

Address:

180 Monroe n.w, Suite 150  
Grand Rapids, Mi 49503

Vice President:

Christian J. Vera

Address:

180 Monroe n.w., Suite 150  
Grand Rapids, Mi 49503VICE PRESIDENT/  
SecretaryJohn O'Connor

Address:

180 Monroe n.w, Suite 150  
Grand Rapids, Mi 49503

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

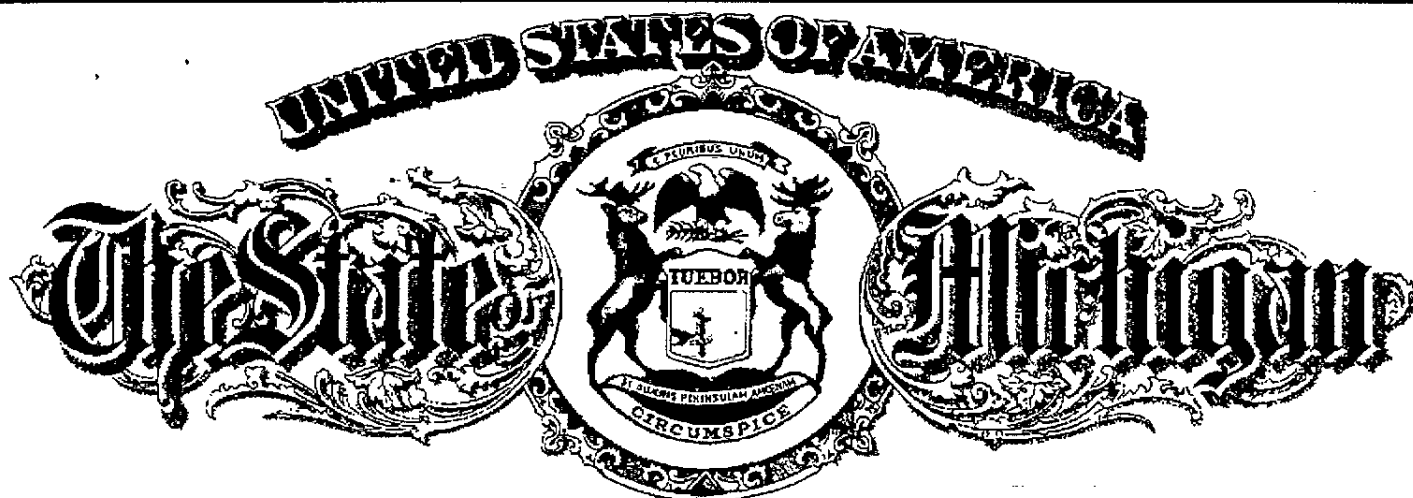
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97 DEC -9 AM 8:07**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

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

14. Kristian E. Skogen, President

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



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

UNLIMITED MEDSTAFF OF FLORIDA, INC.

was incorporated on November 4, 1997, as a Michigan profit corporation,  
and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing  
in this office as of this date and is duly authorized to transact business or conduct  
affairs in Michigan and for no other purpose. It is in the usual form, made by me  
as the proper officer, and is entitled to have full faith and credit given it in every  
court and office within the United States.

In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 12th day  
of November, 1997.

Julie Croll

, Director

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