

F97000006958

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Physician Staffing Resources, 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:

Fergus E. Reynolds, CPA
(Name of Person)
Physician Staffing Resources, Inc.
(Firm/Company)
7350 Hawk Road
(Address)
Flower Mound, Texas 75028
(City/State/Zip)

W97-28469

9/12/31
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DIVISION OF CORPORATIONS
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*****70.00 *****70.00

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

Fergus E. Reynolds, CPA at (817) 430-8450
(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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 23, 1997

FERGUS E. REYNOLDS, CPA
PHYSICIAN STAFFING RESOURCES, INC.
7350 HAWK RD.
FLOWER MOUND, TX 75028

SUBJECT: PHYSICIAN STAFFING RESOURCES, INC.
Ref. Number: W97000028469

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We have received your document for PHYSICIAN STAFFING RESOURCES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The certificate that we require is issued by the Secretary of State's office, not the Comptroller of Public Accounts.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 197A00060072

**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. Physician Staffing Resources, 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. 75-2108548
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/12/85 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4/6/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7350 Hawk Road 1061 Maitland Ctr Commons
Flower Mound, Tx 75028 Maitland, FL 32751
(Current mailing address)
8. Medical Practice Management services.
(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: Bobette Fisher
- Office Address: 1061 Maitland Ctr Commons
Maitland, FL 32751, Florida, 32751
(Zip code)

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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.

Bobette Fisher
(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: Jay D. Rodgers

Address: 600 Latigo Lane
Flower Mound, Tx 75028

Vice Chairman: Robert R. Fielder

Address: 3713 Hidden Trail
Flower Mound, Tx 75028

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Jay D. Rodgers

Address: 600 Latigo Lane
Flower Mound, Tx 75028

Vice President: Robert R. Fielder

Address: 3713 Hidden Trail
Flower Mound, Tx 75028

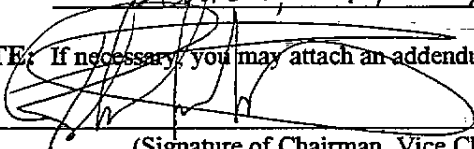
Secretary: _____

Address: _____

Treasurer: Ann M. Lee

Address: 2225 Westview Trail
Denton, Tx 76207

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 R. Fielder Exec. V.P.
(Typed or printed name and capacity of person signing application)

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The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

PHYSICIAN STAFFING RESOURCES, INC.

File No. 773950-00

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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 December 23, 1997.*



Alberto R. Gonzales
Secretary of State

PH