

F98000001461

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Paramedical Services of the Southeast, 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:

A.J. MITCHELL
(Name of Person)
Paramedical Services of the Southeast, Inc
(Firm/Company)
3990 Sheridan Street, Suite 202
(Address)
Hollywood, Florida 33021
(City/State/Zip)

W97-19085

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-08/18/97-01155--002
*****70.00 *****70.00

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

A.J. Mitchell at (954) 964-6158
(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

August 19, 1997

A.J. MITCHELL
3990 SHERIDAN STREET, SUITE 202
HOLLYWOOD, FL 33021

SUBJECT: PARAMEDICAL SERVICES OF THE SOUTHEAST, INC.
Ref. Number: W97000019085

We have received your document for PARAMEDICAL SERVICES OF THE SOUTHEAST, 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 note that we are returning the certificate you submitted. The certificate indicates that the corporation was dissolved on 6/11/93, and does not indicate that it has been reinstated. The reason we require a certificate of existence is to verify that the corporation is active on the records of its state of incorporation, so the certificate must clearly indicate that the corporation is in fact active on the records of that state.

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) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 397A00041831

PARAMEDICAL MEMO
SERVICES
OF THE SOUTHEAST

SUBJECT Required documentation

TO Division of Corporations

FROM A.J. Mitchell

DATE March 12, 1998

Please find attached to the enclosed letter all of the documentation that you should need to complete this application. Sorry for the delay but working with another state office has been time consuming.

**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. Paramedical Services of the Southeast, 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. North Carolina
(State or country under the law of which it is incorporated)
3. 62-1671752
(FEI number, if applicable)
4. May 28, 1980
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1997
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3990 Sheridan St. Suite 202
Hollywood, Florida 33021
(Current mailing address)
8. Paramedical exams, Drug screen collections, Breath alcohol Tests and related 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: A.J. Mitchell
Office Address: 3990 Sheridan Street, Suite 202
Hollywood, Florida, Florida, 33021
(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.

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: A. J. MITCHELL

Address: 3990 Sheridan Street, Suite 202
Hollywood, Florida 33021

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. A.J. Mitchell, President
(Typed or printed name and capacity of person signing application)

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF REINSTATEMENT

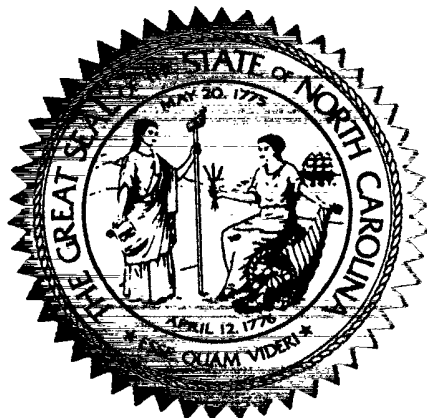
WHEREAS, PARAMEDICAL SERVICES OF THE SOUTHEAST, INC. (*hereinafter the "Corporation"*) was administratively dissolved pursuant to N.C.G.S. §55-14-21, effective as of the 11th day of June, 1993, for failure to file Annual Reports due under Chapter 55 of the North Carolina General Statutes within 60 days after they were due; and

WHEREAS, the Corporation has filed an Application for Reinstatement following Administration Dissolution, dated March 9, 1998, stating that the grounds for such administrative dissolution either did not exist or have been eliminated; and

WHEREAS, the Secretary of State has determined that the Application for Reinstatement filed by the corporation contains the information required by N.C.G.S. §55-14-22(a) and that such information is correct; therefore

IT IS HEREBY ORDERED that the Certificate of Dissolution issued to the Corporation on the 11th day of June, 1993 is hereby canceled, and that the Corporation is reinstated pursuant to N.C.G.S. §55-14-22 effective as of the 11th day of June, 1993.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of March, 1998.



Claine J. Marshall

Secretary of State

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