

F98000001695
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: J.M.Z. SERVICES, INC.
(Name of corporation - must include suffix)

800002364358--0
-12/05/97--01080--001
*****78.75 *****78.75

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:

John M. Ziccardi
(Name of Person)
J.M.Z. Services, Inc.
(Firm/Company)
One Purlieu Place, Ste 120
(Address)
Winter Park FL 32792
(City/State/Zip)

W97-27318

983/25
98 MAR 25 PM 1:45
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Lori or John at (407) 677-6330
(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 8, 1997

JOHN M. ZICCARDI
J.M.Z. SERVICES, INC.
ONE PURLIEU PL., STE. 120
WINTER PARK, FL 32792

SUBJECT: J.M.Z. SERVICES, INC.
Ref. Number: W97000027318

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We have received your document for J.M.Z. SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

A photocopy of the certificate of existence 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: 397A00057721

J.M.Z. Services, Inc.

*Claims Adjusters • Litigation Management • Managed Care
Service • Knowledge • Expertise*

March 20, 1998

Ms. Jennifer Sindt
Document Examiner
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: **JMZ Services, Inc.**
Ref #W97000027318

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Ms. Sindt:

We have finally received an up-to-date "Certificate of Existence" from the State of Georgia for the above-referenced company. Enclosed please find the *original* document issued to us.

Despite the fact that your letter of December 8, 1997 is over 60 days old, when I checked with your office, you indicated that you would maintain our request on file as long as the above company name was not requested by any other party. Therefore, we would appreciate your completing the paperwork for our "Registered Agent" here in the State of Florida according to the rules and regulations. You have already received our check in the amount of \$78.75 to cover the fees, etc. for this.

Should you have any questions, please do not hesitate to contact us. Thank you for your assistance in getting this finalized.

Sincerely,



Lori McCormick
Secretary

Enclosures: Certificate of Existence
Letter Number 397A00057721

:lmc



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. J.M.Z. Services, 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. Georgia 3. 58-2224594
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/01/96 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 09/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. One Purlieu Place, Suite 120
Winter Park FL 32792
(Current mailing address)

8. Services to claims organizations/TPA
(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)

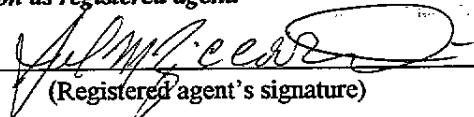
Name: John M. Ziccardi

Office Address: One Purlieu Place, #120

Winter Park, Florida, 32792
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: John M. Ziccardi

Address: One Purlieu Place, Suite 120
Winter Park, FL 32792

Vice President: _____

Address: _____

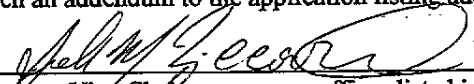
Secretary: Elizabeth Ziccardi

Address: 492 Alinole Loop
Lake Mary FL 32746

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. John M. Ziccardi President
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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**Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 980770487
CONTROL NUMBER : 9604938
DATE INC/AUTH/FILED: 02/01/1996
JURISDICTION : GEORGIA
PRINT DATE : 03/18/1998
FORM NUMBER : 211

JMZ SERVICES, INC.
LORI MCCORMICK
1 PURLIEU PLACE, STE 120
WINTER PARK FL 32792

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DIVISION OF CORPORATIONS
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CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**JMZ SERVICES, INC.
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

