

Document Number Only

F98000004595

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name

TALLAHASSEE, FL 32301

Address

222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

SECRET
TALLAHASSEE, FLORIDA

98 AUG 12 AM 12:03

FILED

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Wesley Medical Resources, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☐ Change of R.A.

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photo Copies

☒ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

AUG 12 1998

Thanks,
Jeff

8/12/98

98 AUG 12 AM 11:08
DIVISION OF CORPORATION

RECEIVED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. WESLEY MEDICAL 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. CALIFORNIA
(State or country under the law of which it is incorporated)

3. Applied for
(FEI number, if applicable)

4. 8-30-88
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 24, 1997
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 155 STATE STREET
HACKENSACK, NJ 07601
(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACT FOR WHICH A CORPORATION MAY
BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF CALIFORNIA
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

Janie Bryan
(Registered agent's signature) (Officer)
JANIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: GEOFFREY A. WHYNOT

Address: 155 STATE STREET
HACKENSACK, NJ 07601

Director: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

President: GREGORY L. MIKKELSEN

Address: 28100 US HIGHWAY 19 NORTH, SUITE 306
CLEARWATER, FL 33761

Vice President: GEOFFREY A. WHYNOT

Address: 155 STATE STREET
HACKENSACK, NJ 07601

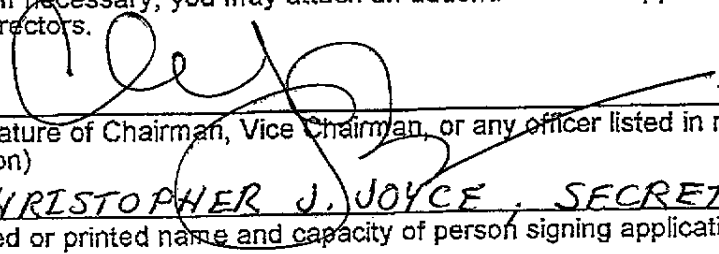
Secretary: CHRISTOPHER J. JOYCE

Address: 155 STATE STREET
HACKENSACK, NJ 07601

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. CHRISTOPHER J. JOYCE, SECRETARY _____
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That on the 30th day of August, 19 88,

WESLEY MEDICAL RESOURCES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of

August 7, 1998.



Bill Jones

Secretary of State

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98 AUG 12 AM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA