

# F98000004753

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Health Sciences Assurance Consulting, 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:

Daniel S. Hill, Esq.

(Name of Person)

Shaheen, Orr, Pearce, Griffin & Staat, P.C.

(Firm/Company)

20 N. Wacker Drive., Suite 2900

(Address)

Chicago, IL 60606-3192

(City/State/Zip)

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DIVISION OF CORPORATIONS

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

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Daniel S. Hill at ( 312 ) 621-4400  
(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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

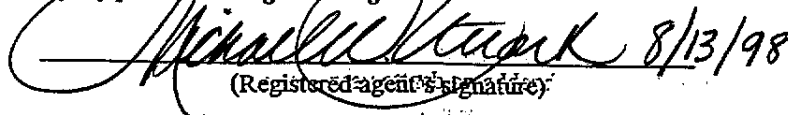
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Health Sciences Assurance Consulting, 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. Illinois  
(State or country under the law of which it is incorporated)
3. 36-4148151  
(FEI number, if applicable)
4. April 2, 1997  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. No business has been transacted in Florida by the corporation  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1570 Woodcrest Court  
Aurora, IL 60504  
(Current mailing address)
8. The transaction of any and all lawful things necessary or convenient to carry out its business and affairs.  
(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: Michael W. Stuart  
Office Address: 579 Pine Ranch East Road  
Osprey, Florida, 34229  
(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.*

  
(Registered agent's signature) 8/13/98

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: \_\_\_\_\_

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

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

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

Director: Michael W. Stuart

Address: 1570 Woodcrest Court

Aurora, IL 60504

Director: Cindy Stuart

Address: 1570 Woodcrest Court

Aurora, IL 60504

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

President: Michael W. Stuart

Address: Same as above

Vice President: \_\_\_\_\_

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

Secretary: Cindy Stuart

Address: Same as above

Treasurer: Cindy Stuart

Address: Same as above

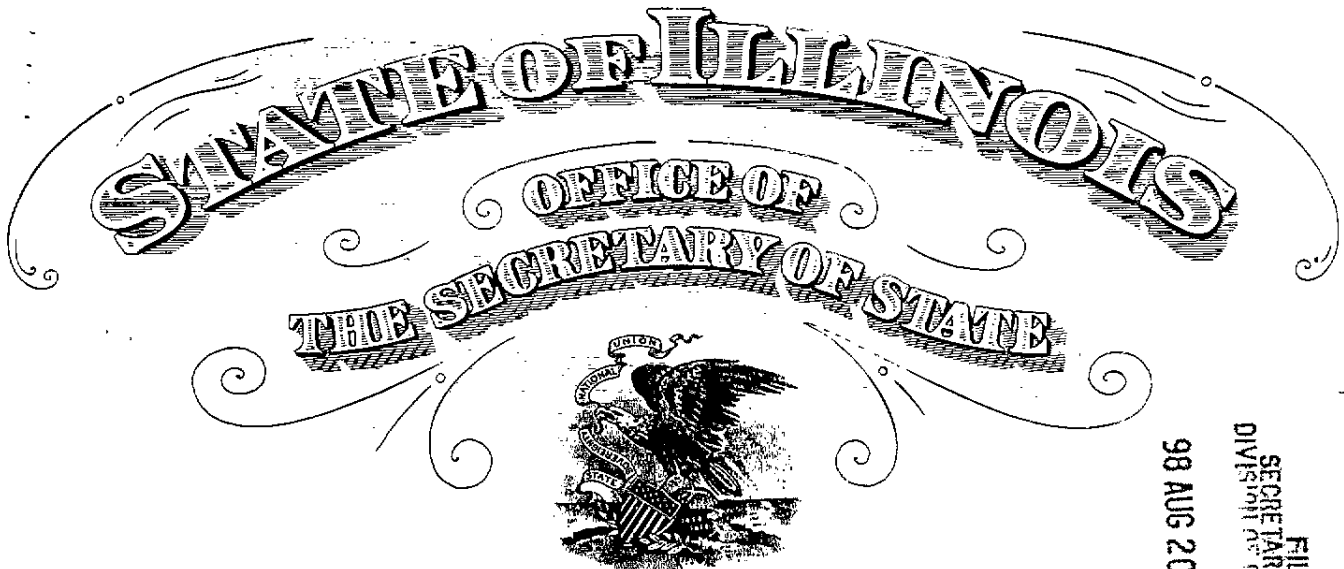
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  8/13/98  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael W. Stuart, President  
(Typed or printed name and capacity of person signing application)

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File Number 5934-252-5



**To all to whom these Presents Shall Come, Greeting:**

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*I, George H. Ryan, Secretary of State of the State of Illinois,*

*do hereby certify that* HEALTH SCIENCES ASSURANCE CONSULTING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE APRIL 2, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*



**In Testimony Whereof,** *I hereto set*  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois this* \_\_\_\_\_ **11TH**  
*day of* \_\_\_\_\_ **AUGUST** *A.D., 19* **98**

*George H Ryan*  
\_\_\_\_\_  
SECRETARY OF STATE