

# F98000004972

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: SHIFRIN HEATHCARE, 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:

900002630529--3

-09/01/98--01076--002

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

SADUATONE RESTITO

(Name of Person)

LIM SCHNEIDER & CO LLC

(Firm/Company)

6 BECKER FARM ROAD

(Address)

ROSELAND NJ 07068

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SADUATONE RESTITO

(Name of Person)

at ( 973 ) 597-0700

(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

8/26/98

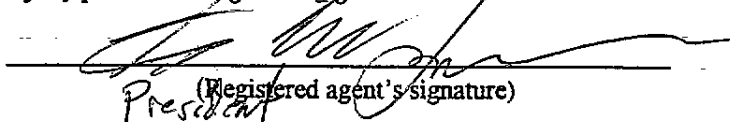
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

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. SHIFRIN HEALTHCARE, 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. NEW JERSEY USA 3. 22-3286055  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 1 1994 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NAV NOT YET TRANSACTED BUSINESS IN FLORIDA  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 111 COLUMBIA TURNPIKE  
FLORHAM PARK, NJ 07932  
(Current mailing address)
8. PROVIDING EDUCATIONAL PLACEMENT SERVICES FOR PHYSICAL THERAPIST  
(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: STEVEN SHIFRIN  
Office Address: 380 SOUTH EAST MINNER BLVD #1724  
BOCA RATON, Florida, 33432  
(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)  
President

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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TALLAHASSEE, FLORIDA

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: STEVEN M SHITAIN

Address: 380 SOUTH EAST MINNER BLVD #1724  
BOCA RATON FLORIDA 33432

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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

President: STEVEN M SHITAIN

Address: 380 SOUTH EAST MINNER BLVD #1724  
BOCA RATON FLORIDA 33432

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. STEVEN SHITAIN

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

SHIFRIN HEALTHCARE, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on March 1, 1994.*

*As of the date of this certificate, said business  
continues as an active business in the State of New  
Jersey. Annual Reports are outstanding for the  
following year(s):  
1998*

*I further certify that the registered agent and  
registered office are:*

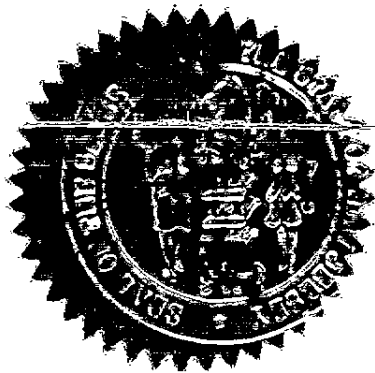
Steven Miles Shifrin  
111 Columbia Tpk.  
Florham Park, NJ 07932

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

SHIFRIN HEALTHCARE, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
28th day of July, 1998

*James A. DiEleuterio, Jr.*

James A DiEleuterio, Jr.  
Treasurer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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