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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MEDICAL PLANNING AND CONSULTANTS, 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:

JOSEPH L BEISLER
(Name of Person)
MEDICAL PLANNING AND CONSULTANTS, INC
(Firm/Company)
1545 WHITSTABLE COURT
(Address)
LAKE MANLY FL 32746
(City/State/Zip)

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

JOSEPH BEISLER at 407, 444 5658
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT 16 PM 2:41

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**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. MEDICAL PLANNING and CONSULTANTS, 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. PENNSYLVANIA 3. 25-1372528
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/20/1979 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 1ST, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1545 Whitstable Court
LAKE MARY FL 32746
(Current mailing address)

8. Provide Medical Management Consulting & business services -
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
See Filing Enclosed

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: JOSEPH L. BEISLER
Office Address: 1545 Whitstable Ct
LAKE MARY FL 32746, Florida, _____
(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.

Joseph L. Beisler
(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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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: JOSEPH L. BEISLER

Address: Same

Vice Chairman: SALLY J. BEISLER

Address: Same

Director: _____

Address: _____

Director: _____

Address: _____

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

President: JOSEPH L. BEISLER

Address: Same

Vice President: _____

Address: _____

Secretary: Answer SALLY J. BEISLER

Address: Same

Treasurer: _____

Address: _____

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

13. Joseph L. Beisler
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOSEPH L. BEISLER
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 05, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MEDICAL PLANNING AND CONSULTANTS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, reading "Gwette Kane".

Secretary of the Commonwealth

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