

F98000006112

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Current Medical Directions, 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:

Louis R. Montello, Esquire

(Name of Person)

Montello & Kenney, P.A.

(Firm/Company)

777 Brickell Avenue, Suite 1070

(Address)

Miami, Florida 33131

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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\*\*\*131.25 \*\*\*\*\*87.50

Louis R. Montello at ( 305 ) 373-0300

(Name of Person)

(Area Code & Daytime Telephone Number)

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

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LAW OFFICES  
**MONTELLO & KENNEY, P.A.**

777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FLORIDA 33131  
TELEPHONE (305) 373-0300  
FAX (305) 373-3739

November 2, 1998

FEDERAL EXPRESS

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32314

Re: Current Medical Directions, Inc. (the "Company")

Ladies and Gentlemen:

Enclosed herewith for filing please find the following:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida for the Company.
2. State of New York original Certificate of Existence for the Company.
3. Check in the amount of \$131.25 for the applicable registration fee, certificate of status and certified copy.

If you have any questions, please call me.

Sincerely,

*Maria A. Martinez*  
Maria A. Martinez

Enclosures

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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. Current Medical Directions, 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 York

(State or country under the law of which it is incorporated)

3. 133574948

(FEI number, if applicable)

4. August 14, 1990

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 1250 Broadway, 36th Floor

New York, New York 10001

(Current mailing address)

8. Marketing and Editorial Services

(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: Louis R. Montello

Office Address: 777 Brickell Avenue, Suite 1070

Miami

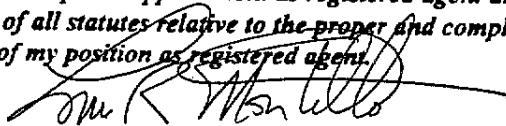
, Florida, 33131

(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)

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: Daniel Salomone

Address: 1250 Broadway, 36th Floor

New York, New York 10001

Director: Steven Abramson

Address: 1250 Broadway, 36th Floor

New York, New York 10001

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

President: Daniel Salomone

Address: 1250 Broadway, 36th Floor

New York, New York 10001

Vice President: Steven Abramson

Address: 1250 Broadway, 36th Floor

New York, New York 10001

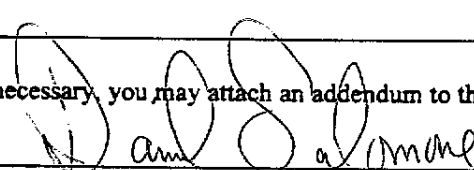
Secretary: Steven Abramson

Address: (Same as above)

Treasurer: Daniel Salomone

Address: (Same as above)

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

13.  President, CND Inc.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Daniel Salomone, President

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

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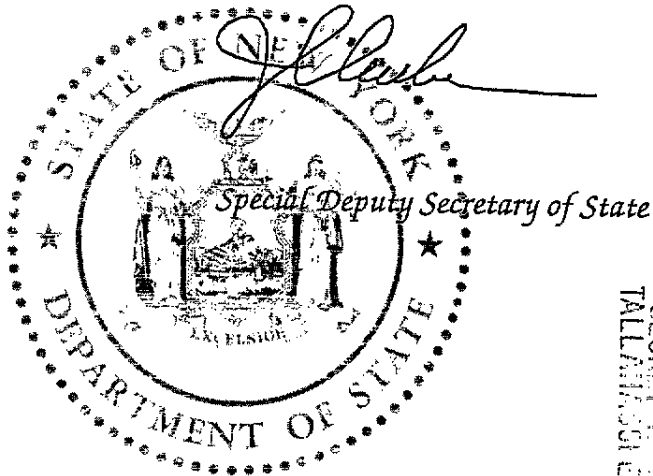
State of New York  
Department of State | ss:

I hereby certify, that the certificate of incorporation of CURRENT MEDICAL DIRECTIONS INC. was filed on 08/14/1990, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 26th day of October  
one thousand nine hundred and  
ninety-eight.*

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