

F99000000612

CORPORATION SYSTEM
January 14, 1999

20 South Central Avenue
Clayton, MO 63105
Tel. 314 863 5545
Fax 314 863 1578

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: **HEALTHSTAF MEDICAL SERVICES, INC. (Illinois Domestic)**
Order #: 1522348

Gentlemen:

W99-1484

As requested by counsel, we enclose for filing Application By Foreign Corporation For Authorization To Transact Business on behalf of this corporation, together with funds in payment of the required fees.

Evidence of the filing should be returned to this office by regular mail, using the enclosed self-addressed stamped envelope.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: 1-800-325-2671.

Yours truly,

Bonnie L. Love

Bonnie L. Love
Customer Specialist

Enc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 20, 1999

BONNIE L. LOVE
CT SYSTEM
120 SOUTH CENTRAL AVENUE
CLAYTON, MO 63105

SUBJECT: HEALTHSTAFF MEDICAL SERVICES, INC.
Ref. Number: W99000001484

We have received your document for HEALTHSTAFF MEDICAL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 399A00002687

CT CORPORATION SYSTEM

120 South Central Avenue
Clayton, MO 63105
Tel. 314 863 5545
Fax 314 863 1578

January 27, 1999
Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: **HEALTHSTAFF MEDICAL SERVICES, INC.**
(Illinois Domestic)
Ref. #W99000001484

Dear Sir/Madam:

Enclosed please find a copy of your rejection letter of January 20, 1999 along with the signed Registered Agent Acceptance.

Please proceed to file these documents and send evidence of it to my attention using the self-addressed stamped envelope.

Sorry for the inconvenience.

Yours truly,



Bonnie L. Love
Customer Specialist

Enc.

**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. HEALTHSTAF MEDICAL SERVICES, 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. 36-3631614
(FEI number, if applicable)

4. January 18, 1989
(Date of incorporation)

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

6. Upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 1000 South Rodney Parham, Little Rock, Arkansas 72204
(Current mailing address)

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TALLAHASSEE FLORIDA

8. Temporary Employment Services
(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



(Registered agent's signature) (Officer)

Jonathan L. Miles, Asst. Secy.

(Type Name and Title of Officer)

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ralph J. Friedmann III

Address: 1900 Spring Rd., #102
Oak Brook, IL 60523

Director: Myra F. Friedmann

Address: 1000 S. Rodney Parham Road
Little Rock, Arkansas 72204-2746

B. OFFICERS

President: Ralph J. Friedmann III

Address: 1900 Spring Rd., #102
Oak Brook, IL 60523

Vice President: Reed Thompson

Address: 1000 South Rodney Parham
Little Rock, Arkansas 72204

Secretary: Myra F. Friedmann

Address: 1000 S. Rodney Parham Road
Little Rock, Arkansas 72204-2746

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TALLAHASSEE FLORIDA

Treasurer: _____

Address: _____

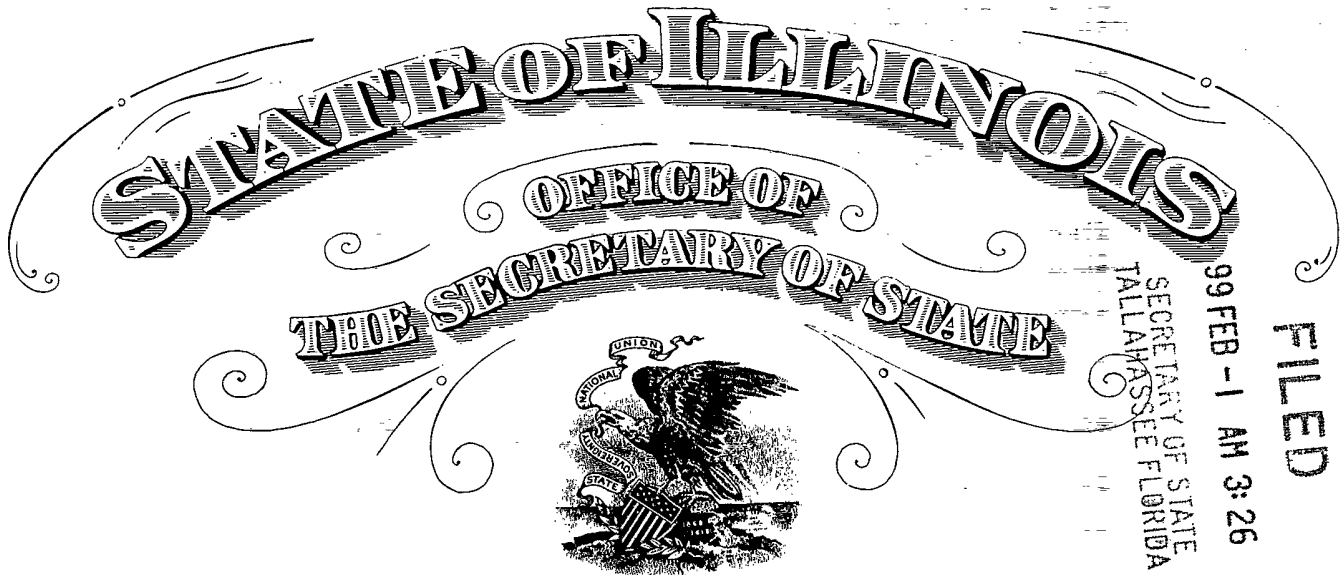
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *R. Reed Thompson*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. Reed Thompson, Vice President of Finance
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

File Number 5537-229-2



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that HEALTHSTAF MEDICAL SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 18, 1989, 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* _____ *3RD*
day of _____ *DECEMBER* *A.D., 19* *98*

George H Ryan

 SECRETARY OF STATE