### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations Fax Number : (850)922-4003

29131. 010000

From:

Account Name

: GREENBERG TRAURIG (WEST PALM BEACH)

Account Number: 075201001473 Phone: (561)650-7900 Fax Number : (561)655-6222

#### FOREIGN PROFIT QUALIFICATION

Kann Institute for Medical Careers, Inc.

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\$78.75

Electronic Filing Manu.

Corporate Filing

Public Access Help

## 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:

	Delaware		3.	<b>4</b>				
Ž.	(State or country under the law of	which it is incorporated)	. 3.		plied for" number, if applicable)	<del></del>		
l.	July 20, 1999		5.	Perpetual	···			
	(Date of Incorporation)			(Duration: Year perpetual")	corp. will cease to exist	or		
5.	July 20, 1999							
	(Date first transact	ed business in Florida. (SE	E SECTION	8 607.1501, 607.15	02, AND 817.155, F.S.)			
7.	c/o 777 S. Flagler Dr., Sui	te 300E		-				
	***	· · · · · · · · · · · · · · · · · · ·			_			
	West Palm Beach, FI. 33		mailing edd	(ress)				
	To engage in any act or activity for which corporations may be organized under the Florida							
2	To amongo in ony, not or a	ativity for which ar	tion			? 35		
١.			rporation	s may be organ	nized under the Flo			
3.	Business Corporation Ac					CD.		
	Business Corporation Ac	t. oration authorized in home	state or cou	ntry to be carried or	t in the state of Florida)	-0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -		
	Business Corporation Ac (Purpose(s) of corp  Name and street address acceptable)	cration authorized in home	state or cou	ntry to be carried or	t in the state of Florida)	<u>○</u> ১১ Box <b>NO</b> 1		
	Business Corporation Ac (Purpose(s) of corp  Name and street address acceptable)	t. oration authorized in home	state or cou	ntry to be carried or	t in the state of Florida)	© 		
	Business Corporation Active (Purpose(s) of corporation Active and Street address acceptable)  Name: S	cration authorized in home	state or cou	ent: (P.O. Bo	t in the state of Florida)	<u>○</u> ১১ Box <b>NO</b> 1		
3.	Business Corporation Active (Purpose(s) of corporation Active and Street address acceptable)  Name: Street Address: 3	t.  oration authorized in home  s of Florida regis  steven L. Schwarzbe	state or countered ag	ent: (P.O. Bo	t in the state of Florida)	© 		

Here) & feng

(Registered agent (signature) Steven L. Schwarzberg

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

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.

Steven L. Schwarzberg, Esg. 777 S. Flagler Drive, Suite 300-Fast West Palm Reach, FL, 33401 561-650-7900 FL Bar #306134

By:

position as registered agent.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:		
Address:		
Vice Chairma	n:	
Address:		
Director:	Deborah K. Schwarzberg	
Address:	c/o 777 S. Flagler Dr., Suite 300B	
	West Palm Beach, FL 33401	
Director:		
Address:		
		3
		妈
3. OFFI	TEDG (Grand 11	1
resident:	CERS (Street address only - P.O. Box NOT acceptable)	
Address:	Deborah K. Schwarzberg	
AMMI VIII.	C/o 777 S. Flagler Dr., Suite 300E  West Palm Reach, EL 33401	
lice President:	West Palm Beach, FL 33401	
\ddress:		
rwat sure		
ecretary:	Deborah K. Schwarzberg	
ddress:	c/o 777 S, Flagler Dr., Suite 300B	
	West Palm Beach, FL 33401	
reasurer:	Deborah K. Schwarzberg	
ddress:	c/o 777 S. Flagler Dr., Suite 300E	
	West Palm Beach, FL 33401	
COMPANY TO		
girector	ssary, you may attach an addendum to the application listing additional officers and	/or
3. <u>L.C.</u>	boral I - ahwabers	<del></del>
(Signa	ature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	tion)

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# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KANN INSTITUTE FOR MEDICAL CAREERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 1999.

AND 1 DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



 $\frac{2}{Ed}$ 

Edward J. Freel. Secretary of State

8300 AUTHENTICATION:

9948356

DATE:

08-31-99

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