



F99000005010

ACCOUNT NO. : 072100000032

REFERENCE : 369831 7166739

AUTHORIZATION :

Patricia Piggett

COST LIMIT : \$ 78.75

ORDER DATE : September 9, 1999

ORDER TIME : 4:09 PM

ORDER NO. : 369831-010

CUSTOMER NO: 7166739

000002999730--1

CUSTOMER: Dr. Jerrold B. Goldstein
Dr. Jerrold B. Goldstein
475 Morris Avenue

Springfield, NJ 07081

FOREIGN FILINGS

NAME: ADVANCED VEIN SOLUTIONS, PC

XXXX QUALIFICATION (TYPE: PA)

5

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 AM 10:34

RECEIVED
99 SEP 28 PM 4:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK 9/28/99

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 AM 10:34

1. ADVANCED VEINSOLUTION, PC

(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

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

3. _____

(FEI number, if applicable)

4. OCT 8, 1998

(Date of incorporation)

5. PERPETUAL

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

6. UPON FILING

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

7. 475 MORRIS AVENUE

SPRINGFIELD, NJ 07081

(Current mailing address)

8. PRACTICE OF MEDICINE

(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: _____

Office Address: _____

_____, Florida, _____

(Zip code)

Dr. Jerrald Goldstein
200 BLAKES RD SUITE I
BOCA RATON, FL.
33432

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.

By: _____

(Registered agent's signature)

Dr. Jerrald Goldstein
RAB

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 AM 10:34

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: DR. JERROLD B. GOLDSTEIN

Address: 475 MORRIS AVENUE
SPRINGFIELD, NJ 07081

Vice Chairman: _____

Address: _____

Director: DR. JERROLD B. GOLDSTEIN

Address: 475 MORRIS AVENUE
SPRINGFIELD, NJ 07081

Director: _____

Address: _____

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

President: DR. JERROLD B. GOLDSTEIN

Address: 475 MORRIS AVENUE
SPRINGFIELD, NJ 07081

Vice President: _____

Address: _____

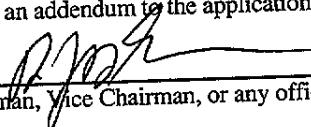
Secretary: _____

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. DR. JERROLD B. GOLDSTEIN: PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ADVANCED VEINSOLUTION, PC
With the Previous or Alternate Name
ADVANCED VEIN SOLUTIONS, PC

99 SEP 28 AM 10:34

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Professional Corporation was
registered by this office on October 8, 1998.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

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

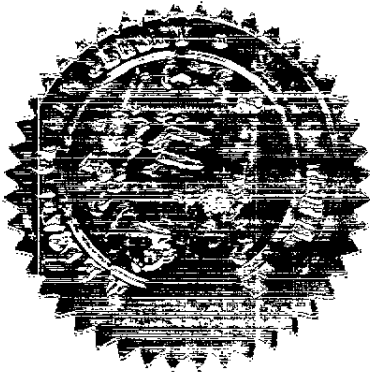
*Corporation Service Company
830 Bear Tavern Rd
Trenton, NJ 08628*

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ADVANCED VEINSOLUTION, PC
With the Previous or Alternate Name
ADVANCED VEIN SOLUTIONS, PC

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
23rd day of September, 1999



Roland M Machold
Treasurer

99 SEP 28

RECEIVED
STATE
TREASURY