ACCOUNT NO. : 072100000032

REFERENCE : 369831 7166739

AUTHORIZATION

COST LIMIT :

\$ 78.75

ORDER DATE: September 9, 1999

ORDER TIME : 1:20 PM

ORDER NO. : 369831-005

_ 500003000725--1

CUSTOMER NO: 7166739

CUSTOMER: Dr. Jerrold B. Goldstein Dr. Jerrold B. Goldstein

475 Morris Avenue

Springfield, NJ 07081

FOREIGN FILINGS

NAME:

JERROLD B. GOLDSTEIN, PC

XXXX QUALIFICATION

(TYPE: PA)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

13K9/24/99

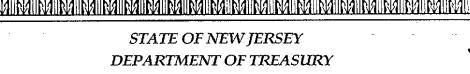
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Q.
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINATED. 1. DR. GERROLD B. GOLDSTEIN, P.C. (Name of corporation; must include the word "INCORPORATED", words or abbreviations of like import in language as will clearly indicated.	TUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER AT OREIGN CORT ORALITON TO TRANSACT BUSH	NESS IN THE STATE OF FLORIDA.
1. DR. GERROLD B. GOLDSTEIN, P.C.	8 9 9 9
(Name of corporation; must include the word "INCORPORATED",	"COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indic natural person or partnership if not so contained in the name at present	
	K. F.
2. NEW JERSEY 3.	ي الم
2. (State or country under the law of which it is incorporated)	(FEI number, if applicable)
•	
4. Feb. 13, 1991 5. PERPETU (Date of incorporation) (Duratio	n: 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 medicin	r VIF
(Purpose(s) of corporation authorized in home state or count	
9. Name and street address of Florida registered agent: (P.	O. Box of Mail Drop Box NOI acceptable)
Name:	Dr. Jermud GIWIHIN 200 GLAPET RD Suite I BOCA RATON F1. (Zip code) 33432
OCC - A TILLIA	200 GLAPET RD SUITE I
Office Address:	BUCA RATON FI.
7.7	Florida. 77432
	(Zip code)
10. Registered agent's acceptance:	
77	
Having been named as registered agent and to accept service of procesthis application, I hereby accept the appointment as registered agent a	ss for the above statea corporation at the place designated in and agree to act in this canacity. I further agree to comply
with the provisions of all statutes relative to the proper and complete p	performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.	
in the state of th	1) 1 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·
<u>By:</u>	Dr. seviso Gostes in
(Registered agent's signa	ature)
11. Attached is a certificate of existence duly authenticated, not more to	
Department of State, by the Secretary of State or other official having of	sustody of corporate records in the jurisdiction under the law of

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

which it is incorporated.

A. DIKE	CTORS (Street address omy - P.O. Box NOT acceptable)	
Chairman	: DR. JERROLD B. GOLDSTEIN	<u></u>
Address:	475 MORRIS AVENUE	9
	SPRINGFIELD, NJ 07081	13 9996
Vice Chai	irman:	5 G
		4 2
Address:		35 645
Director:	DR. JERROLD B. GOLDSTEIN	<u> </u>
Address:	475 MORRIS AVENUE	
	SPRINGFIELD, NJ 07081	
Director:		
Address:		
B. OFF	ICERS (Street address only - P.O. Box NOT acceptable)	
President:	DR. JERROLD B. GOLDSTEIN	
Address:	475 MORRIS AVENUE	
	SPRINGFIELD, NJ 07081	
Vice Pres	sident:	
Address:		
Secretary	:	
Address:		
Treasurer		
Address:		
	If necessary, you may attach an addendum to the application listing additional officers and/or director	S.
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 canacity of person signing application)	



SHORT FORM STANDING

DR. JERROLD B. GOLDSTEIN, P.C.
With the Previous or Alternate Name
JERROLD B. GOLDSTEIN, M.D., P.C.

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 February 13, 1991.

Said business was Revoked For Failure To Pay Annual Report on August 5, 1995, and as of the date of this certificate, has not been reinstated.

I further certify that the last registered agent and registered office of record were:

Jerrold B Goldstein Md 2 W Northfield Rd Suite 210a Livingston, NJ 07039

Continued on next page . . .

