



F9900000 5123

ACCOUNT NO. : 072100000032

REFERENCE : 369831 7166739
Patricia Piggott

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : September 9, 1999

ORDER TIME : 4:08 PM

ORDER NO. : 369831-015

100002999731--8

CUSTOMER NO: 7166739

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

Springfield, NJ 07081

FOREIGN FILINGS

NAME: HOUSECALLS LIMITED, PC

XXXX QUALIFICATION (TYPE: PA)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Tamara Odom

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 AM 11:16

(7)
hjr 10/5/99

DEPT. TREAS. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 SEP 28 PM 4:44

RECEIVED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 29, 1999

TAMARA ODOM
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: HOUSECALLS LIMITED, PC
Ref. Number: W99000022474

RESUBMIT

Please give original
submission date as file date.

Please date 9/28/99 Thanks.

FILED
DIVISION OF CORPORATIONS
SEP 28 AM 11:16

We have received your document for HOUSECALLS LIMITED, PC and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 299A00047506

RECEIVED
99 OCT -4 PM 4:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 AM 11:16

I, the undersigned Dr Jerrold Goldstein do hereby certify
(Name)

that this Resolution of the Board of Directors of Housecalls Limited, PC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of New Jersey

was duly adopted on May 5th, 19 95

Be it resolved, that Housecalls Limited P.C.
(Corporate Name)

organized and existing in the State of New Jersey, hereby adopts the name

Dr Jerrold Goldstein, P.C. for use in Florida.

Dated: Sept 30th 1999

[Signature]
Signature of either Chairman, Vice Chairman or any officer

Dr Jerrold Goldstein
Type or print name

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. HOUSECALLS Limited
(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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 5, 1995 5. PERPETUAL
(Date of incorporation) (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: DR. JERROLD GOLDSTEIN
Office Address: 200 GLADES RD SUITE I
BOCA RATON, FL. 33432
_____, Florida, _____
(Zip code)

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: DR. JERROLD GOLDSTEIN P.C.
[Signature]
(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)

99 SEP 28 PM 11:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

HOUSECALLS LIMITED, P.C.
With the Previous or Alternate Name
CENTER FOR MEDICAL OBESITY CONTROL, 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 May 5, 1995.*

*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:*

Jerrold Goldstein M D
2514 Gates Court
Morris Plains, NJ 07950

Continued on next page . . .

99 SEP 28 AM 11:19

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HOUSECALLS LIMITED, P.C.
With the Previous or Alternate Name
CENTER FOR MEDICAL OBESITY CONTROL, P.C.

DIVISION OF TAXATION
99 SEP 28 AM 11:16

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

Roland M Machold
Treasurer

