

F99000005283

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: JOHN P. MCDONOUGH, C.R.N.A., P.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEITH A. ARMSTRONG
(Name of Person)
KEITH A. ARMSTRONG, C.P.A., P.C.
(Firm/Company)
2001 WESTOWN PARKWAY, SUITE 101
(Address)
WEST DES MOINES, IA 50265-1540
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

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-10/07/99-01078-011
*****70.00 *****70.00

KEITH A. ARMSTRONG at 515-224-7640
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy

- \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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. JOHN P. McDONOUGH, C.R.N.A., P.C.
(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. IOWA (State or country under the law of which it is incorporated) 3. 42-1161579 (FBI number, if applicable)

4. APRIL 15, 1981 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. FEBRUARY 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2640 UNIVERSITY DR., #130
DAVIE, FL 33328
(Current mailing address)

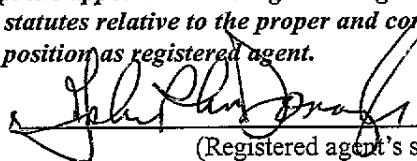
8. ALL LEGAL PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: JOHN P. McDONOUGH
Office Address: 2640 UNIVERSITY DR., #130
DAVIE, Florida, 33328
(Zip code)

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TALLAHASSEE FLORIDA

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.


(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)
JOHN P. McDONOUGH
2640 UNIVERSITY DR., #130
DAVIE, FL 33328

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JOHN P. McDONOUGH

Address: 2640 UNIVERSITY DR., #130

DAVIE, FL 33328

Director: _____

Address: _____

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

President: JOHN P. McDONOUGH

Address: 2640 UNIVERSITY DR., #130

DAVIE, FL 33328

Vice President: _____

Address: _____

Secretary: JOHN P. McDONOUGH

Address: 2640 UNIVERSITY DR., #130


DAVIE, FL 33328

Treasurer: _____

Address: _____

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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. JOHN P. McDONOUGH *PRESIDENT*
(Typed or printed name and capacity of person signing application)

496CDP-000052562
JOHN P. MCDONOUGH, C.R.N.A., P.C.
KEITH A ARMSTRONG, CPA, PC
ATTN KEITH
2001 WESTOWN PARKWAY STE 101
WEST DES MOINES, IA 50265-1540

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TALLAHASSEE FLORIDA

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No. 00100404
Date: 09/20/1999

SECRETARY OF STATE

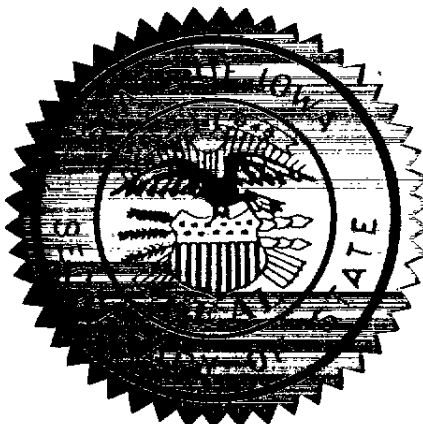
496CDP-000052562
KEITH A ARMSTRONG, CPA, PC
ATTN KEITH
2001 WESTOWN PARKWAY STE 101
WEST DES MOINES, IA 50265-1540

CERTIFICATE OF EXISTENCE

Name: JOHN P. MCDONOUGH, C.R.N.A., P.C.
Begin date: 19810415
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Handwritten signature of Chester J. Culver.

CHESTER J. CULVER SECRETARY OF STATE

