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*OF COUNSEL

PLEASE REPLY TO CLEARWATER

FILE NO. 41812.102986

November 27, 2000

900003479189--8 -11/29/00--01009--001 VIA Federal Express**160.00 ****155.00 and Return Federal Express

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re:

Authorization to Transact Business in the State of Florida I & S Associates, LLC, a New Jersey Limited Liability Company

Dear Sir or Madam:

Enclosed for filing is a fully executed original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. I have also enclosed an original Certificate of Good Standing from the State of New Jersey and our client's check in the amount of \$160 for the filing fee. Once the application has been filed, please return to my attention a certified copy and certificate of status in the enclosed self-addressed Federal Express envelope.

In the event you have any questions regarding the enclosed application, please contact me via our firm's toll-free telephone number (1-800-523-1818) to avoid delay in mailing.

Sincerely,

JOHNSON, BLAKELY, POPE BOKOR, RUPPEL & BURNS

PFST.

Tami Lee Meagher, Legal Assistant ...

D

:tlm

Enclosures

cc: Amber F. Williams, Esquire Mr. John Pace (w/encs.)

227111.01

CLEARWATER OFFICE 911 CHESTNUT STREET POST OFFICE BOX 1368 CLEARWATER, FLORIDA 33757-1368 TELEPIONE: (727) 461-1818 TELECOPIER (727) 462-0365

TAMPA OFFICE 100 NORTH TAMPA STREET SUITE 1800 POST OFFICE BOX 1100 TAMPA, FLORIDA 33602-5145 TELEPHONE (813) 225-2500 TELECOPIER (727)462-0365

NAPLES OFFICE 975 SIXTH AVE. S POST OFFICE BOX 1368 NAPLES, FLORIDA 34102 TELEPHONE: (941) 435-0032 TELECOPIER: (941) 435-0992

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TRANSACT BUSINESS IN FLORIDA

-	I & S Associates, LLC (Name of foreign	n lim	ited liability company)				
		11 1111	med hadrity company)				
_	New Jersey Jurisdiction under the law of which foreign limited liability	3.					
(.	Jurisdiction under the law of which foreign limited liability company is organized)	,	(FEI number, if applicable)				
	September 18, 1995	5.	2035				
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")				
,	November , 2000	*					
	(Date first transacted business in Florida. (S	ee se	ections 608.501, 608.502, and 817.155, F.S.)				
	631 Tilton Road, Northfield, New Jerse	еу	08225				
	(Street addre	00 of	principal office)				
	(Suees addles	88 01	principal office)				
1	If limited liability company is a manager-manage	d cc	ampeny check have by				
	- minused mastiffy company is a manager-manage	u cc	Milpany, check here [X] ASS ASS ASS ASS ASS ASS ASS A				
,	The name and usual business addresses of the ma						
	The name and usual business addresses of the ma	mag	ing members or managers are as follows:				
	1. Ira M. Trocki, M.D., 631 Tilton Ro	n a d	Northfield Nov Jorgan 08225				
	1. Ira M. Trocki, M.D., 631 Tilton Ro	oad,	, Northfield, New Jersey 08225				
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Comp	any is:						
	the Florida street address	of the registered	l agent and off	ice are:				
S	Amber E. William							
-		(Name)		 	,			
	911 Chestnut St	reet						
	Florida street address (P.O. Box NOT ACCEPTABLE)							
	Clearwater,	FL	33756		NOV 29			
	2502 00 2 642	City/State/Zij			EE, FLO			
liability company of registered agent a statutes relating to	ed as registered agent and at the place designated in and agree to act in this cape to the proper and complete tions of my position as regi	this certificate, I acity. I further of performance of	I hereby accept agree to compl my duties, and	the appoin y with the p I am famili	ntment as provisions of al iar with and			
Amber F. Will	(Signature) iams, Esquire		-					
	\$ 100.00	Filing Fee fo	or Application					

\$ 25.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)



SHORT FORM STANDING

I & S ASSOCIATES, LLC

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 18, 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:

Ira Trocki 631 Tilton Rd P O Box 865 Northfield, NJ 08225

Continued on next page . . .

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

