

An Association of Independent Attorneys

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June 25, 2002

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****125.00 ****125.00

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Mobile Medical Staffing, L.L.C.

Dear Registrar:

Enclosed is an Application for Authorization to Transact Business in Florida on behalf of the above-referenced limited liability company, along with the original Certificate of Good Standing from the Secretary of State of Ohio and a check in the amount of \$125.00 for the filing and agent fees.

If you would need additional information of any kind, please let me know.

Sincerely yours,

Richard L. Duncan

RLD:dmr Enclosures

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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(Ohio		-3		31-1784326	j	344
misdiction (under the law compar	w of which foreign li ny is organized)	mited liability		(FEI number, if ap	plicable)	<
	July 6,	, 2001	5.		Pērpetual		
<u>-</u>	(Date of C	Organization)		(Duration: \	Year limited liability exist or "perpetua	company will al")	cease to
ı	June 1,						
	(Date firs	st transacted business	s in Florida. (See see	ctions 608.50	1, 608.502, and 817.	.155, F.S.)	
;	5600 Ke	entshire Dr	ive, Unit	1			
]	Ketteri	ing, Ohio 4					,
			(Street address of	principal offi	ce)		
	699 Ess	sex Way		ویر صورت در			
	Center	ville, Ohio	45459				
the jurisdict	tion under the	ertificate of existence, e law of which it is en ate under oath of the	ganized (Aphotoco	pyisnotace			
		or purposes to be			Florida:	 -	
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	(Signature of a me	ember or an authorion 608.408(3), F.S.,	orized repre	esentative of a me	ember.	
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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 AND STATE OF FLORIDA.

1	The name	of the	Limited	Liability	Company	rig
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Mobile Medical Staffing, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Robert A. La	yman							
(Name)								
4801 Airport	Road,	Apartment	107					
Florida street address (P.O. Box NOT ACCEPTABLE)								
Zephyrhills	FL	33540						
(City/State/Zip)								

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show MOBILE MEDICAL STAFFING, L.L.C., an Ohio Limited Liability Company, Registration No. 1241345, was organized within the State of Ohio on July 06, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of June, A.D. 2002.

Ohio Secretary of State

Validation Number: 200215701468