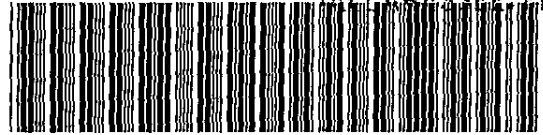


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2004 MAR 16 P 2: 5:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



000030469190

03/16/04--01091--004 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2004 MAR 16 P 2:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** MEDICAL SPECIALTY CONSULTANTS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. JOHN DILLAWAY

(Name of Person)

MEDICAL SPECIALTY CONSULTANTS LLC

(Firm/Company)

1268 MAIN STREET SUITE 201

(Address)

NEWINGTON, CT 06111

(City/State and Zip Code)

For further information concerning this matter, please call:

MR. JOHN DILLAWAY

(Name of Person)

at ( 860 ) 667-7081

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED

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

2004 MAR 16 P 2:58

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

1. MEDICAL SPECIALTY CONSULTANTS LLC  
(Name of foreign limited liability company)
2. CONNECTICUT  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1541667  
(FEI number, if applicable)
4. 7/6/1999  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON APPROVAL  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1268 MAIN STREET, SUITE 201,  
NEWINGTON, CT 06111  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

JOHN DILLAWAY 1268 MAIN ST-SUITE 201, NEWINGTON, CT 06111

JAMES VASELLINA 1268 MAIN ST-SUITE 201, NEWINGTON, CT 06111

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

OSHA TRAINING CLASSES

John E Dillaway  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John E Dillaway

Typed or printed name of signee

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

2004 MAR 16 P 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 the Limited Liability Company is:

MEDICAL SPECIALTY CONSULTANTS LLC

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

SCHUYLER VAN WINKLE

(Name)

1671 ISLAND WAY

Florida street address (P.O. Box **NOT** ACCEPTABLE)

WESTON

FL

33326

(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)

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

**FILED**

FEBRUARY 13, 2004

2004 MAR 16 P 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOHN D.  
MEDICAL SPECIALTY  
1268 MAIN STREET  
SUITE 201  
NEWINGTON, CT 06111

RE: Request for Certificate or Copies

Business Name:  
MEDICAL SPECIALTY CONSULTANTS L.L.C.

Work Order Number: 2004028695-001  
Type of Request: LLC EXPRESS CERTIFICATE  
Work Order Payment Received: 25.00  
Payment Received: 25.00  
Account Balance: .00  
Customer Id: 001099882

Attached is the information you requested.

BRUNI VALLE  
Commercial Recording Division  
860-509-6002

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

MEDICAL SPECIALTY CONSULTANTS L.L.C.

is in existence.



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Secretary of the State

Date Issued: February 13, 2004