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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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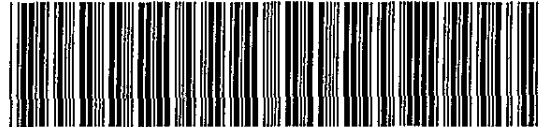
(Business Entity Name)

(Document Number)

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PAGE, SCRANTON, SPROUSE, TUCKER & FORD, P. C.

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COLUMBUS, GEORGIA 31901**

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BOBBY L. SCOTT

****ALSO ADMITTED IN VIRGINIA
AND THE DISTRICT OF COLUMBIA**

***ALSO ADMITTED
IN ALABAMA**

April 6, 2004

VIA FEDERAL EXPRESS

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

RE: Management Health Services, LLC. - Application by Foreign Limited Liability
Company for Authorization to Transact Business in Florida

Dear Sir or Madam:

In connection with the above captioned matter, enclosed please find the following:

1. The Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Our firm check for \$130.00 for filing fee, Designation of Registered Agent and Certificate of Status.

Please return the Certificate of Status to me at the address above. Thank you for your assistance in this matter. If you have any questions or comments, please contact me at your earliest convenience.

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04 APR - 7 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 6, 2004
Page 2

Kindest Regards.

Sincerely,

PAGE, SCRANTON, SPROUSE,
TUCKER & FORD, P.C.

By 
J. Edward Sprouse

JES/lsa
encl.

CLERK - 7 PM 12:19
SEAL OF THE
JUDICIAL CIRCUIT IN
FLORIDA

FILED

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

*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:*

1. Management Health Services, LLC
(Name of foreign limited liability company)
2. Georgia 3. 13-4273462
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 16, 2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. April 4, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4760 West Commercial Blvd.
Ft. Lauderdale, FL 33319
(Street address of principal office)

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

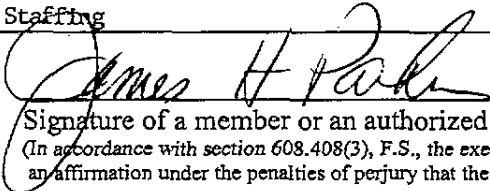
9. The name and usual business addresses of the managing members or managers are as follows:

<u>Michael K. LeMonier</u>	<u>5608 Princeton Avenue, Columbus, GA 31908</u>
<u>James H. Parker</u>	<u>5608 Princeton Avenue, Columbus, GA 31908</u>
<u>Monte C. Kasten</u>	<u>4760 West Commercial Blvd., Ft. Lauderdale, FL 33319</u>
<u>Todd S. Kasten</u>	<u>4760 West Commercial Blvd., Ft. Lauderdale, FL 33319</u>

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: _____

Travel Nurse Staffing



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.)

James H. Parker

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Management Health Services, LLC

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

Monte C. Kasten

(Name)

4760 West Commercial Blvd

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

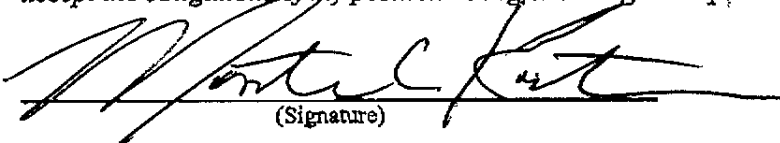
Ft. Lauderdale

FL

33319

(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)

04 APR - 7 PM 12:19
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STATE
TALLAHASSEE
FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0416520
DATE INC/AUTH/FILED: 03/16/2004
JURISDICTION : GEORGIA
PRINT DATE : 04/02/2004
FORM NUMBER : 211

PAGE, SCRANTON, SPROUSE, TUCKER & FORD
KIT ACCORDINO
1043 THIRD AVENUE
COLUMBUS, GA 31901

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

MANAGEMENT HEALTH SERVICES, LLC
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040402142818224



Cathy Cox
Secretary of State