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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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#### TRANSMITTAL LETTER

JBJECT:	PANACEA ENTER	***************************************	
	(Name of Limited Li	iability Company)	
	and check are submitted	Company for Authorization to Trand to register the above referenced f	
ease return all correspondence c	oncerning this matter to	the following:	
		EINERS, JR.	
	(Name of	Person)	
	ADVOCATE C	ONSULTING	
	(Firm/Cor	mpany)	y green oppered statement
	9229 DĒLEGĀTĒS R	OW CITE 245	Nasion Vision
<u> </u>	Addres (Addres)		- F
		,	13 F
	INDIANAPOLIS,	IN 46240	1 000
	(City/State and	d Zip Code)	PM 12: 58
r further information concerning	this matter, please call	1:	
YOLANDA ROE	TNGON	212 E01 4070	
(Name of Per		317-581-4070 Area Code & Daytime Telephone I	Number)
·	,		,
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations 409 E. Gaines Street		Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida 32314	

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

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:

1.	PANACEA ENTERPRISES, LLC				
	(Name of Foreign Lin	nited	l Liability Company)		
2.	DELAWARE	3.	20-1460094		
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable	<del>=</del> )	
4.	AUGUST 6, 2004	5.	PERPETUAL		
	(Date of Organization)		(Duration: Year limited liability company or "perpetual")	will co	ease to exist
6.	AUGUST 6, 2004				
	(Date first transacted business (See sections 608.501 & 608.50	in F 2 F.S	lorida, if prior to registration.) S. to determine penalty liability)		
7.	3903 N. FLORIDA AVE.				· · · · · · · · · · · · · · · · · · ·
	TAMPA, FL _ 33603				
	(Street Address	of P	rincipal Office)	2	<b>Z</b>
8.	If limited liability company is a manager-managed c	omi	pany check here	04 AUG 13	1810 1810 1810 1810 1810 1810 1810 1810
•		<b></b> ,	,,	<u>-</u>	R <del>Z</del> Z
9.	The name and usual business address of the managing	ng n	nembers or managers are as follows:		SSC
	IDEACOM HEALTHCARE COMMUNICATIONS			PH 12:	PGR/
	3903 N. FLORIDA AVE.	-		 58	TION
	Joseph M. Photebu Myh.				
	TAMPA, FL 33603				
hav If tl	Attached is an original certificate of existence, no ming custody of records in the jurisdiction under the lawne certificate is in a foreign language, a translation mitted.)	of	which it is organized. (A photocopy is	not a	cceptable.
11.	Nature of business or purposes to be conducted or pr	rom	oted in Florida:		
	EQUIPMENT LEASING				
	Signature of a member of an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury to LOUIS M. ME	the e	ed representative of a member. xecution of this document constitutes ne facts stated herein are true.)  ERS, JR.		

**L** :

## 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	e Limited Liability Compan	y is:		
PANACEA ENTER	RPRISES, LLC			<u></u>
2. The name and the	he Florida street address of	the registered agen	t and office are:	
	LOUI	IS M. MEINERS	S, JR.	
•		(Name)		
		IATION DRIVE,	SULTE Z	<u>-</u>
	Florida Street A	Address (P.O. Box <u>NO</u>	T ACCEPTABLE)	
	NAPLES	FL	34104	<u> </u>
		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, Florida Statutes.

Louis M. Meiners, Jr.
(Signature)

04 AUG 13 PM 12: 58

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

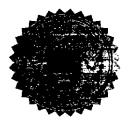
# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PANACEA ENTERPRISES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2004.

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Darriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3281920

DATE: 08-06-04

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