

FOI 000005025

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantage Nursing Services, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-08/27/01--01108--015
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W01-20074

Joann Dressel
(Name of Person)

Advantage Nursing Services, Inc.
(Firm/Company)

8630 Delmar, Suite 215
(Address)

St. Louis, MO 63124
(City/State and Zip code)

For further information concerning this matter, please call:

Joann Dressel at (314) 991-3166
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

mt
9/26

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Advantage Nursing Services, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illinois 3. 37-1401768

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. August 4, 2000 5. perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8630 Delmar Blvd., Suite 215, St. Louis MO 63124

(Principal office address)

8630 Delmar Blvd., Suite 215, St. Louis MO 63124

(Current mailing address)

8. In home Nursing Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Bill Mahon

Office Address: 4245 West Kennedy

Tampa, Florida 33609

(City)

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Mahon

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William B. Mahon

Address: 8630 Delmar Blvd, Suite 215
St. Louis MO 63124

Director: Theodore J. Mahon

Address: 8630 Delmar Blvd, Suite 215
St. Louis MO 63124

B. OFFICERS

President: William B. Mahon

Address: 8630 Delmar Blvd, Suite 215
St. Louis MO 63124

Vice President: Theodore J. Mahon

Address: 8630 Delmar Blvd, Suite 215
St. Louis MO 63124

Secretary: Theodore J. Mahon

Address: 8630 Delmar Blvd, Suite 215, St Louis MO 63124

Treasurer: Theodore J. Mahon

Address: 8630 Delmar Blvd, Suite 215, St. Louis MO 63124

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bill Mahon President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William B. Mahon, President
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVANTAGE NURSING SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 4, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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In Testimony Whereof, I, ~~hereto set~~
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of SEPTEMBER A.D. 2001

Jesse White

SECRETARY OF STATE