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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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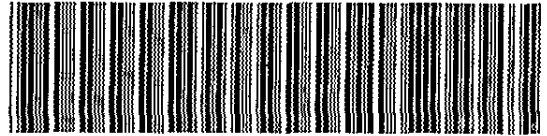
(Business Entity Name)

(Document Number)

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YB  
11-13-02

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAPS MEDICAL SERVICES, INC.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

N.A. PATEL, M.D.  
(Name of Person)

BAPS MEDICAL SERVICES, INC.  
(Firm/Company)

11321 WEBB CHAPEL ROAD  
(Address)

DALLAS TX 75229  
(City/State and Zip Code)

For further information concerning this matter, please call:

N.A. PATEL, M.D. at (214) 282-3445  
(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

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

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

A. DIRECTORS

Chairman: N. A. PATEL, M.D.  
Address: 11321 WEBB CHAPEL ROAD  
DALLAS TX 75229

Vice Chairman: HARSHAD BHATT, M.D.  
Address: 51 HIDEWOOD PLACE  
MANHASSET N.Y. 11030

Director: JAY CHAYDA, M.D.  
Address: 42 DU PONT CIRCLE  
SUGARLAND TX 77479

Director: DR. PRAKASH TAYLOR  
Address: 1325 WEST OAK RIDGE ROAD  
ORLANDO FL 32809

B. OFFICERS

President: \_\_\_\_\_  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_


Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APPROVED AND FILED

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

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

14. N. A. PATEL, M.D.  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Gwyn Shea  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for BAPS MEDICAL SERVICES, INC. (filing number: 148443301), a Domestic Nonprofit Corporation, was filed in this office on March 27, 1998.

**It is further certified that the entity status in Texas is active.**

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 18, 2002.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State