

F03000000462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

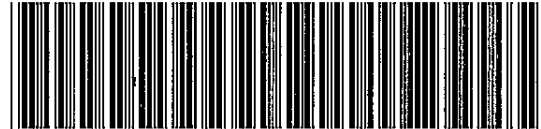
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

130 must

Office Use Only



900011150559

01/29/03--01084--006 **70.00

FILED
03 JAN 29 AM 9:12
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Support, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Michael C. Caton, Chairman and CEO
(Name of Person)

Healthcare Support, Inc.
(Firm/Company)

8000 Anderson Square #112
(Address)

Austin, Texas 78757
(City/State and Zip code)

FILED
 03 JAN 29 AM 9:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael C. Caton at (512) 451-9996
(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

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. Healthcare Support, 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. Texas 3. 74-3000744
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/23/2001 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. 8000 Anderson Square, #112 Austin, Texas 78757
(Principal office address)
8000 Anderson Square, #112 Austin, Texas 78757
(Current mailing address)

8. Provide Healthcare Temporary Staffing
(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: Curtis Caton

Office Address: 15160 SW 113th ST

Miami, Florida 33196
(City) (Zip code)

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.



(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.

FILED
03 JAN 29 AM 9 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michael C. Caton
Address: 8000 Anderson Square #112
Austin, Texas 78757

Vice Chairman: _____
Address: _____

Director: Savitri Saldana
Address: 8000 Anderson Square #112
Austin, Texas 78757

Director: Aziz Laurent, MD
Address: 8000 Anderson Square #112
Austin, Texas 78757

B. OFFICERS

President: Michael C. Caton
Address: 8000 Anderson Square #112
Austin, Texas 78757

Vice President: Ian Ishak
Address: 8000 Anderson Square #112
Austin, Texas 78757

Secretary: Monica Rodriguez
Address: 8000 Anderson Square #112 Austin, Texas 78757

Treasurer: Shelly McNally
Address: 8000 Anderson Square #112 Austin, Texas 78757

FILED
03 JAN 29 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. Michael C. Caton
(Typed or printed name and capacity of person signing application)



TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
CAROLE KEETON RYLANDER • COMPTROLLER • AUSTIN, TEXAS 78774

January 27, 2003

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Carole Keeton Rylander, Comptroller of Public Accounts of the State of Texas
DO HEREBY CERTIFY that according to the records of this office

HEALTHCARE SUPPORT INC

is, as of this date, in good standing with this office having no franchise
tax reports or payments due at this time. This certificate is valid through
the date that the next franchise tax report will be due May 15, 2003.

This certificate is valid for the purpose of conversion when the converted
entity is subject to franchise tax as required by law. This certificate is
not valid for the purpose of dissolution, merger or withdrawal.

GIVEN UNDER MY HAND AND
SEAL OF OFFICE in the City of
Austin, this 27th day of
January, 2003 A.D.

A handwritten signature in cursive script that reads "Carole Keeton Rylander".

CAROLE KEETON RYLANDER
Comptroller of Public Accounts

Taxpayer number: 17430007447
File number: 0162603600

Form 05-304 (Rev. 5-99/4)