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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

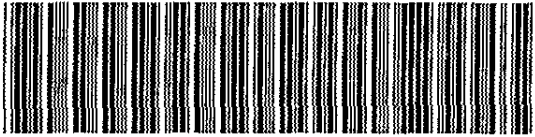
(Business Entity Name)

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CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR 15 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHPRO STAFFING & PLACEMENTS, 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:

JOHN P. DARLING, ADMIN. ASS'T
(Name of Person)

HEALTHPRO STAFFING & PLACEMENTS, INC.
(Firm/Company)

5481 IRISH LANE
(Address)

FITCHBURG WI 53711-5519
(City/State and Zip code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JOHN P. DARLING at (608) 274-5375
(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. HEALTHPRO STAFFING & PLACEMENTS, 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. WISCONSIN
(State or country under the law of which it is incorporated)

3. 05-0560559
(FEI number, if applicable)

4. MARCH 25, 2003
(Date of incorporation)

5. PERPETUAL
(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. 1602 HIDDEN HILL DR VERONA WI 53593
(Principal office address)

1602 HIDDEN HILL DR VERONA WI 53593
(Current mailing address)

8. HEALTH CARE STAFFING, PLACEMENTS & CONSULTING
(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: NATIONAL REGISTERED AGENTS, INC.

Office Address: 526 EAST PARK AVENUE

TALLAHASSEE, Florida 32301
(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.

[Signature]

(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.

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

NONE

STATUTORY CLOSE CORPORATION
OPERATES WITHOUT A BOARD
OF DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. OFFICERS

CO-CHIEF EXEC. OFFICER

President:

LANCE J. MORAN

Address:

1602 HIDDEN HILL DR., VERONA, WI 53593

CO-CHIEF EXEC. OFFICER

Vice President:

KATHLEEN SLATTERY-MOSCHKAU

Address:

9141 WEST MINERAL POINT, MT. HOREB, WI 53572

CHIEF ADMIN. OFFICER

Secretary:

LANCE J. MORAN

Address:

1602 HIDDEN HILL DR., VERONA, WI 53593

CHIEF FIN. OFFICER

Treasurer:

LANCE J. MORAN

Address:

1602 HIDDEN HILL DR., VERONA, WI 53593

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.

LANCE J. MORAN CO-CHIEF EXECUTIVE OFFICER

(Typed or printed name and capacity of person signing application)

DOM NEW
180 181 185

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



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APR 14 AM 8:40
JULIA H. CORPORATION
TALLAHASSEE, FLORIDA

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

HEALTHPRO STAFFING & PLACEMENTS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is March 25, 2003.

I further certify that that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 26, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in black ink, appearing to read "Cathy Mickelson".