

F10000001290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

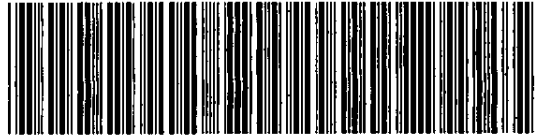
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAR 12 PM 4:42

STATE OF CALIFORNIA
FILING OFFICE

T. Bush MAR 15 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 171 MONROE LANE, LEXINGTON, SC 29072

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," or "Certificate of Good Standing" 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:

EDWARD L. MCMILLIAN

Name of Person

MEDICAL SERVICES OF AMERICA, INC

Firm/Company

171 MONROE LANE

Address

LEXINGTON, SC 29072

City/State and Zip code

emcmillian@msa-corp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD L. MCMILLIAN

at (803) 957-0500 EXT 6734

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 MAR 12 PM 1:06
DIVISION OF CORPORATION

February 18, 2010

EDWARD L. MCMILLIAN
171 MONROE LANE
LEXINGTON, SC 29072

SUBJECT: HELP SERVICES, INC.
Ref. Number: W10000008334

We have received your document for HELP SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 810A00004103

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. HELP SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HELP FROM MEDICAL SERVICES OF AMERICA, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. SOUTH CAROLINA 3. 26-1599694
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 19, 2007 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 171 MONROE LANE, LEXINGTON, SC 29072
(Principal office address)

171 MONROE LANE, LEXINGTON, SC 29072
(Current mailing address)

8. PERSONAL EMERGENCY RESPONSE 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 NOT acceptable)

Name: NRAI SERVICES, INC

Office Address: 2731 EXECUTIVE PARK DRIVE, STE. 4

WESTON, Florida 33331
(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.

[Handwritten 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.

DEPARTMENT OF STATE
RECORDS SECTION
FLORIDA

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

A. DIRECTORS

Chairman: RONNIE L. YOUNG

Address: 171 MONROE LANE
LEXINGTON, SC 29072

Vice Chairman: JAMES F. HARDMAN

Address: 171 MONROE LANE
LEXINGTON, SC 29072

Director: _____

Address: _____

Director: _____

Address: _____

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REGISTRATION STATE
FLEXIBILITY COLIDA

B. OFFICERS

President: RONNIE L. YOUNG;

Address: 171 MONROE LANE
LEXINGTON, SC 29072

Vice President: JAMES F. HARDMAN

Address: LEXINGTON, SC 29072
LEXINGTON, SC 29072

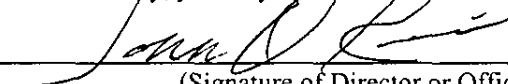
Secretary: JOHN D. KEIM

Address: 171 MONROE LANE, LEXINGTON, SC 29072

Treasurer: JOHN D. KEIM

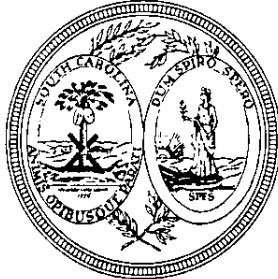
Address: 171 MONROE LANE, LEXINGTON, SC 29072

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN D. KEIM; SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)

The State of South Carolina



2010 MAR 12 PM 4:42
STATE OF SOUTH CAROLINA
FALL AMBASSADOR TRAINING

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HELP SERVICES, INC.,
a corporation duly organized under the laws of the State of South Carolina on December 19th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
8th day of March, 2010.


Mark Hammond, Secretary of State