

F9600005407

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SECRETARY OF STATE
DIVISION OF CORPORATIONS
122.50 122.50

SUBJECT: Pantall Umbrella Management, 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:

Lisa R. Eppard
(Name of Person)
DCI of Tampa, Inc.
(Firm/Company)
4522 W. Spruce Street, Suite 103
(Address)
Tampa, Florida 33607
(City/State/Zip)

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DIVISION OF CORPORATIONS
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Should you need to call someone concerning this matter, please call:

Lisa R. Eppard at (813) 879-8765
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 19, 1996

LISA R. EPPARD
DCI OF TAMPA, INC.
4522 W. SPRUCE ST, SUITE 103
TAMPA, FL 33607

SUBJECT: FANTAIL UMBRELLA MANAGEMENT, INC.
Ref. Number: W96000019791

We have received your document for **FANTAIL UMBRELLA MANAGEMENT, INC.** and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

I am returning the certificate of existence for "Foundation Equity, Inc." to be replaced with one in the correct name of "Fantail Umbrella Management, Inc."

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 (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 796A00043372

**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. Fantail Umbrella Management, 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. Delaware (State or country under the law of which it is incorporated) 3. _____ (FEI number, if applicable)

4. March 27, 1996 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. 8/1/96 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.133, F.S.))

7. 12118 North Loop Road
San Antonio, Texas 78216
(Current mailing address)

8. General medical clinic and real estate
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Jackie Rojas

Office Address: 4522 W. Spruce Street, Suite 103
Tampa, Florida, 33607
(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.

Jackie Rojas
(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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: K. Kevin Mohan

Address: 12118 North Loop Road, San Antonio, Texas 78216

Vice Chairman: _____

Address: _____

Director: Warren G. Craig

Address: 12118 North Loop Road

San Antonio, Texas 78216

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Warren G. Craig

Address: 12118 North Loop Road

San Antonio, Texas 78216

Vice President: K. Kevin Mohan

Address: 12118 North Loop Road

San Antonio, Texas 78216

Secretary: Warren G. Craig


Address: 12118 North Loop Road

San Antonio, Texas 78216

Treasurer: _____

Address: _____

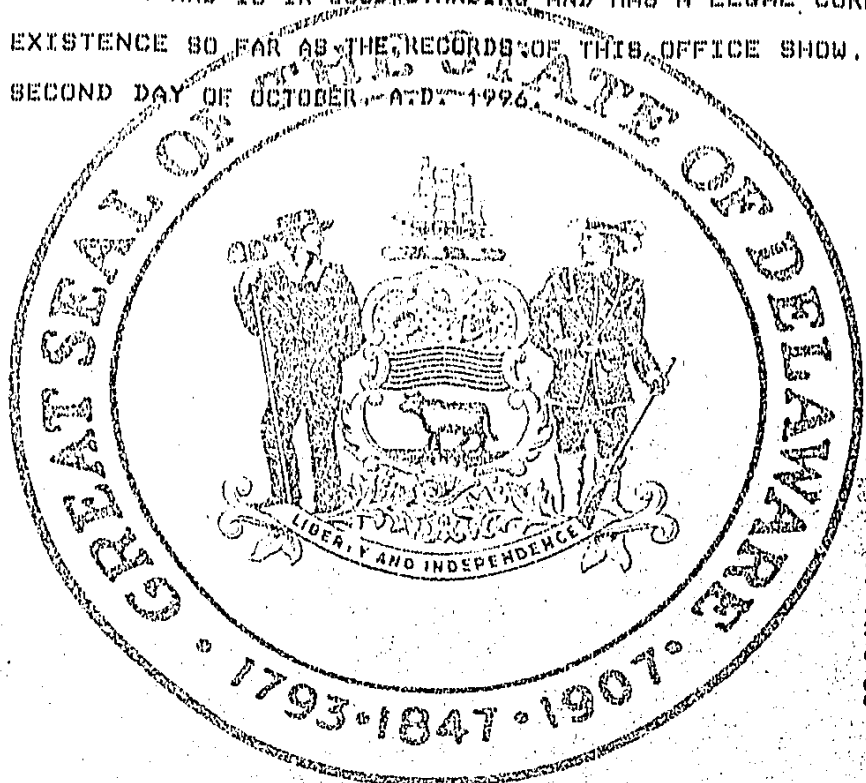
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Warren G. Craig, Director
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FANTAIL UMBRELLA MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 1996.



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Edward J. Freel

Edward J. Freel, Secretary of State



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AUTHENTICATION:
DATE: