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SECRITARY OF STATE
ALLAHASSE = STATE

T. Burch APR 2.0.2010

COVER LETTER

TO: New Filing Section	
Division of Corporations	
SUBJECT: MedScope America Corporation	
Name of cor	poration - must include suffix
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the ct business in Florida.
Please return all correspondence concerning the	is matter to the following:
Jerry Smith	
1	Name of Person
MedScope America Corporation	
F	irm/Company
259 E. Lancaster Avenue, Suite 101	
	Address
Wynnewood, PA 19096	
	y/State and Zip code
jsmith@medscope.org	·
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
Jerry Smith at (8	300) 645-2060
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 Stat	Q

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

MedScope Am	erica Corporation		
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida
Pennsylvania		3.	23-2991908
State or country	under the law of which it is incorporated)		(FEI number, if applicable)
January 1, 199	99	5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
MedScope Am	erica Corporation has yet to transact b	usii	ess in Florida
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60		Florida, if prior to registration)
	·		
59 E. Lancaste	er Avenue, Suite 101 Wynnewood, PA	190	96
	(Principal office	190	96
	(Principal office ynnewood, PA 19096	190 add	96 ess)
	(Principal office	190 add	96 ess)
² O Box 194 W	(Principal office ynnewood, PA 19096	190 add	96 ess)
PO Box 194 W Monitoring and	(Principal office ynnewood, PA 19096 (Current mailing	196 add add	96 ess) ess) nse Systems (Emergency Alert R
PO Box 194 W Monitoring and (Purpose(s	(Principal office ynnewood, PA 19096 (Current mailing Installation of Personal Emergency Re	add add	96 ess) ess) nse Systems (Emergency Alert :
PO Box 194 W Monitoring and (Purpose(s	(Principal office ynnewood, PA 19096 (Current mailing Installation of Personal Emergency Res) of corporation authorized in home state of	add add	96 ess) ess) nse Systems (Emergency Alert :
PO Box 194 W Monitoring and (Purpose(s) Name and street Name:	(Principal office ynnewood, PA 19096 (Current mailing Installation of Personal Emergency Res) of corporation authorized in home state of address of Florida registered agent: (add add	96 ess) ess) nse Systems (Emergency Alert :
PO Box 194 W Monitoring and (Purpose(s)	(Principal office ynnewood, PA 19096 (Current mailing Installation of Personal Emergency Res) of corporation authorized in home state of address of Florida registered agent: (National Registered Agents, Inc.	add add	96 ess) ess) nse Systems (Emergency Alert 🔛 untry to be carried out in state of Florida)

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.

NRAI Services, Inc.

By: Most Thompson, Assistant Secretary
(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.

T |

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

A. DIRECTORS

Chairman:	7	
Address:		
		APR
Vice Chairman:		<u> </u>
Address:	三八	E E
	<u>S</u> A	47 :1
Director:		
Address:	<u> </u>	
Director:		
Address:		
B. OFFICERS		
President: Raymond W. Smith		
Address: 259 E. Lancaster Avenue, Suite 101		
Wynnewood, PA 19096		
Vice President: Gregory Smith		
Address: 259 E. Lancaster Avenue, Suite 101 Wynnewood, PA 19096		
259 E. Lancaster Avenue, Suite 101 Wynnewood, PA 19096		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	rs.	
13. (Signature of Director or Officer listed in number 12 of the application)		
(Signature of Director of Officer Instead in Indiffuser 12 of the application) 14. Raymond W. Smith		

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 12, 2010

FILED
SCORETARY OF STATE
TALLANDASSEE FILED

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MEDSCOPE AMERICA CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth