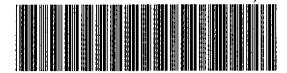
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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A STANCES JAN 18 2012

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: General Medical Resources, Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submit above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Deborah Finnerty	
Name of Person	
General Medical Resources, Inc.	
Firm/Company	
281 Cambridge St. Suite 200	
Address	
Burlington, MA 01803	2 6.
City/State and Zip code	AHASSA III
debbief@generalmedicalresources.com	ASS.
E-mail address: (to be used for future annual report not	117
For further information concerning this matter, please call:	M D: 45
Deborah Finnerty at (781) 270-7020	£5
Name of Person Area Code & Daytime Telephone	e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADI New Filing Section Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$ \$78.75 Filing Fee & \text{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.

· ·	lical Resources, Inc.			
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"	
	. , , , , , , , , , , , , , , , , , , ,			
(If name unavai	able in Florida, enter alternate corporate na	ıme a	adopted for the purpose of transacting bus	iness in Florida)
. <u>Massachuse</u>		3.	20-5235936	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable	e)
. <u>07/20/2006</u>		5.	perpetual (ended in Florida 12/31/2011)	
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")
i. <u>10/24/2011</u>				
			Florida, if prior to registration)	
004.0			02, F.S., to determine penalty liability)	
281 Cambi	ridge St. Suite 200 Burlington	_		
	(Principal office	addr	ess)	
004.0- 1	: 1 O O : 1 OOO D !		NAN 04000	
281 Camb	ridge St. Suite 200 Burling	itor	-	
281 Camb	ridge St. Suite 200 Burling (Current mailing	itor	-	
	(Current mailing	itor	-	2012 7ALL
Contract S	(Current mailing	itor addr	ess)	2012 JAN 35 GREY TALLAHA
Contract S	(Current mailing	addr	untry to be carried out in state of Florida)	2012 JAN 17 SEGRETARY L
Contract S	(Current mailing Staffing s) of corporation authorized in home state o	addr	untry to be carried out in state of Florida)	Tra.
Contract S (Purpose) Name and stre	(Current mailing Staffing s) of corporation authorized in home state of et address of Florida registered agent: (addr	untry to be carried out in state of Florida)	Tra.
Contract S (Purpose) Name and stre	(Current mailing Staffing s) of corporation authorized in home state o et address of Florida registered agent: (Deborah Finnerty	addr	untry to be carried out in state of Florida)	2012 JAN 17 AM 10: 45 348 JENARY OF STATI

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.

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:	_	
Address:		
Vice Chairman:		
Address:		
Director: Deborah S. Finnerty		w
84 Graymore Pd		
Waltham MA 02451		
Director:		
Address:		
B. OFFICERS		
President: Deborah S. Finnerty		
Address: 84 Graymore Rd.		_~
Waltham, MA 02451		2012
Vice President: David S. Connor	H.C.	T T
Address: 10 Valley Road	SE C	7 /
Southborough, MA 01772	17 17 1 (- 5)	
Secretary: Michael A. Turner		e
Address: 58 Munroe St. Lynnfield, MA 01940		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application lis		tors.
Signature of Director or Offi The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a contribution of third degree felony as provided for in s.817.155, F.S.	er 12 above) affirms that the facts sta	
14 Deborah S. Finnerty		



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: January 09, 2012

To Whom It May Concern:

I hereby certify that according to the records of this office,

GENERAL MEDICAL RESOURCES, INC.

is a domestic corporation organized on July 20, 2006

under the General Laws of the

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-

ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's

dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-

poration has filed all annual reports, and paid all fees with respect to such reports, and so far as

appears of record said corporation has legal existence and is in good standing with this off



In testimony of which;
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above; written.

Secretary of the Commonwealth

Certificate Number: 12015694950

Verify this Certificate at: http://corp.sec.state.ma.us/corp/Certificates/Verify.asp

Processed by: tad