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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Synarmed Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2017 MAY 31 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2017 MAY 31 PM 4:56
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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. Synermed Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 75-2990008
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/5/2001 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1600 CORPORATE CENTER DR, MONTEREY PARK, CA 91754
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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9. 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.

C T Corporation System

By: Jenifer Vincent Jenifer Vincent, Assistant Secretary
(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Shi-Yin Wong, MD

Address: 711 West College Street, Los Angeles, CA 90012

Vice Chairman:

Address:

Director: Stephen Kwan, MD

Address: 711 West College Street, Los Angeles, CA 90012

Director:

Address:

B. OFFICERS

President: James P. Mason

Address: 1600 Corporate Center Drive

Monterey Park, CA 91754

Vice President:

Address:

Secretary: Carl K. Moy, MD

Address: 711 West College Street, Los Angeles, CA 90012

Treasurer: Tit Sang Li, MD

Address: 711 West College Street, Los Angeles, CA 90012

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

12. James P. Mason

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. James P. Mason, President

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

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TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

SYNERMED

FILE NUMBER: C2360986
FORMATION DATE: 10/05/2001
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 30, 2017.

ALEX PADILLA
Secretary of State