

2/28/2019

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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**National Medical Resources, Inc.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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**M. MILLIGAN**

MAR 01 2019

## 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.*

National Medical Resources, Inc.

1. \_\_\_\_\_  
(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)  
North Dakota 20-0777922

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
03/15/2004

4. \_\_\_\_\_ 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)

2792 E. Broadway Ave., Bismarck, ND 58501  
7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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.*

CT Corporation System

By: Kimberly Laughrey Kimberly Laughrey, 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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Daniel Thompson

Address: 1009 N. Mandan St.

Bismarck, ND 58501

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Patsy Thompson

Address: 1009 N. Mandan St., Bismarck ND 58501

Treasurer: Kendrick Tupa

Address: 5016 Cornice Dr., Bismarck, ND 58503

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

12.  \_\_\_\_\_

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. Daniel Thompson, - President \_\_\_\_\_

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

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BISMARCK, ND

# *State of North Dakota*

## SECRETARY OF STATE



### **Certificate of Good Standing of NATIONAL MEDICAL RESOURCES, INC.**

**SOS Control ID#: 0000047613**

**Certificate #: 016083022**

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

**NATIONAL MEDICAL RESOURCES, INC.**

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective March 15, 2004. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

**ACCORDINGLY**, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

**DATE:** February 27, 2019

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger  
Secretary of State