

F950000035 72

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: ASERETH MEDICAL SERVICES INCORPORATED
(Name of corporation - must include suffix) [ASERETH MEDICAL SERVICES INC.]

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:

THERESA TAYLOR
(Name of Person)

ASERETH MEDICAL SERVICES INC.
(Firm/Company)

50 N. HILL AVE Suite 304
(Address)

PASADENA, CA. 91106
(City, State and Zip Code)

500001528895
-07/05/95--01048--013
*****70.00 *****70.00

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

Theresa Taylor at (818) 449-0099
(Name of Person) Area Code & Daytime Telephone Number
or Craig Jeffers

W95 - 13527

COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:49

957/25

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. ASERETH MEDICAL SERVICES, 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. CALIFORNIA
(State or country under the law of which it is incorporated)
3. 95-4301454
(FEI number, if applicable)
4. April 13, 1990
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. advertised in the Miami Herald 5/28/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 50 N. HILL AVE. SUITE 304
PASADENA, CA. 91106
(Current mailing address)
8. Provide Temporary / Permanent / Per diem Staffing of other
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) *Pharmacists medical personnel*
9. Name and street address of Florida registered agent:
Name: Joanne Hatton
Office Address: 12555 BISCAYNE BLVD # 900
NORTH MIAMI, Florida, 33181
(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.

Joanne Hatton RPH
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Theresa Taylor
Address: 50 N. Hill Ave Suite 304
Pasadena, CA. 91106

Vice Chairman: DeJuan Taylor
Address: 50 N. Hill Ave Suite 304
Pasadena, CA. 91106

Director: Theresa Taylor
Address: 50 N. Hill Ave. Su 304
Pasadena, CA 91106

Director: DeJuan Taylor
Address: 50 N. Hill Ave Suite 304
PASADENA, CA. 91106

B. OFFICERS

President: Theresa Taylor
Address: 50 N. Hill Ave Suite 304
PASADENA, CA. 91106

Vice President: DEJUAN TAYLOR
Address: 50 N. Hill Ave. Su 304
PASADENA, CA. 91106

Secretary: DEJUAN TAYLOR
Address: 50 N. Hill Ave. Su 304
PASADENA, CA. 91106

Treasurer: DEJUAN TAYLOR
Address: 50 N. Hill Ave Su 304
PASADENA, CA. 91106

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

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

14. THERESA TAYLOR PRESIDENT
(Typed or printed name and capacity of person signing application)

State of California

SECRETARY OF STATE'S OFFICE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 6TH day of APRIL, 19 90,

ASERETH MEDICAL SERVICES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this
2ND day of MARCH, 1995

Bill Jones

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 25 AM 8:49

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003572

1 Corporation Name

ASERETH MEDICAL SERVICES, INC.

Principal Place of Business

50 N. HILL AVE., STE. 304
PASADENA CA 91106

Mailing Address

50 N. HILL AVE., STE. 304
PASADENA CA 91106



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
650 SIERRA MADRE VILLA

Suite, Apt. #, etc.
SUITE 102

City & State
PASADENA CA

Zip
91107

Country
USA

3. New Mailing Office Address, if Applicable
650 SIERRA MADRE VILLA

Suite, Apt. #, etc.
SUITE 102

City & State
PASADENA, CA

Zip
91107

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

95-4301454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 75

Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPD	TAYLOR, THERESA	50 N. HILL AVE., STE. 304 650 SIERRA MADRE VILLA STE 102	PASADENA CA 91106- 91107
CVST	TAYLOR, DEJUAN	50 N. HILL AVE., STE. 304 650 SIERRA MADRE VILLA STE 102	PASADENA CA 91106- 91107
			700002032437--5 12/18/96-01052-018 ****275.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

HATTON, JOANNE
12555 BISCAYNE BLVD. #900
N MIAMI FL 33181

9. Name and Address of New Registered Agent

Name
Kitty Margolis
Street Address (P.O. Box Number is Not Acceptable)
9105 Dogwood DR #142
Suite, Apt. #, Etc.
City
DELRAY BEACH, FL
State
FL
Zip Code
33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kitty Margolis

REGISTERED AGENT MUST SIGN

Date 9/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 19C.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dejuan Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96 (818) 351-3650

Date

Daytime Phone #