1950000 4245 TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIMISION OF CORPORATIONS

SUBJECT: NATIONAL X-RAY EQUIPMENT SERVECE CENTER, INC. (Name of corporation)

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:

NATIONAL X-RAY EQUIPMENT SERVICE CIR, INC.

(Firm/Company)

300 NW 2nd AVE

(Address)

HALLANDALE, FL 33009

(City, State and Zip Code)

W95-9067

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

TASUN PAUL FLURES at (305) 458 - 5077.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE OF DIVISION OF COMPORATION OF STATE OF THE STATE OF



FLORIDA DEPARTMENT OF STATE Sundra B. Mortham Secretary of State

April 28, 1995

JASON P. FLORES NATIONAL X-RAY EQUIPMENT SERVICE CENTER 300 NW 2ND AVE HALLANDALE, FL 33009

SUBJECT: NATIONAL X-RAY EQUIPMENT SERVICE CENTER INC.

Ref. Number: W95000009067

We have received your document for NATIONAL X-RAY EQUIPMENT SERVICE CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The certification that you have submitted is a certified copy of the corporation's articles. What we require for our filling purposes is a certificate of existence or good standing.

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 895A00020331

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Received this lotter 9/1/95.

NATIONAL X-RAY EQUIPMENT SERVICE CENTER, INC. 300 N.W. 2nd Avonue Hallandalo, FL 33009

Qualification/Registration Sec. Division of Corporations P.O. Box 6327 Tallahasso, FL 32314

SUBJECT: Registration of Foreign Profit Corporation

In the early part of June 95, it was brought to our attention that our application for registration of a foreign corporation was not approved. Enclosed is the following information that was requested so that approval could be granted:

Original copy of Certificate of Good Standing Copy of application originally sent with FEI number

I would also like to point out that no representative of your section informed us of this problem until we contacted your section about the problem.

Thank You,

Jason Paul Flores

Secretary

Enclosures

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OF STATE OF STATE

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. NATIONAL X RAY EQUIPMENT SERVICE CENTER INC.

(Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" abbreviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)	or words or natural person
2. DELANARE (State or country under the law of which it is incorporated) 4. JS FEB 95 (Date of Incorporation) 6. JS FEB 95 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) 7. 300 NW 2nd Ave	SECRET SECRET
HALLANDALE, FL 33009	- PART
(Cur it mailing address)	1. 8: 57
8. SERVICE OF MEDICAL ELECTRONIC EQUIPMENT (Purpose(s) of corporation authorized in home state or country to be carried out in the state of	Florida)
9. Name and street address of Florida registered agent:	
Name: JASON PANE FLURES	
Office Address: 300 NW 2nd Avenue	
Hallandale, Florida, 330	<u> </u>
O. 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.

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	nes and addresses of of RECTORS		
	Chairman:		
	Address:		
. Of	FICERS		37. S.F.
	President:K	ATHERINE FREIRE	ļ.
		00 NW Ind Ave	<u> </u>
	<u>H</u>	ALLANDALE, FL 33009	Ç
	Vice President: _		_
	Secretary:	ASON PAUL FLORES	
	Address:/	480 SN SA AVE	
		PLANTATION, FL 33317	
	Treasurer:		

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

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

14. <u>TASUN PAUL FLURES</u> SECRETARY

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

State of Delaware

Office of the Secretary of State

1, EDWARD J. FREEL, SECRETARY OF STATE STATE OF DELAWARE, DO HEREBY CERTIFY *NATIONAL X-PA; LQJPMENT SERVICE CENTER INC.* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 1995.

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Edward J. Freel, Secretary of State

7579209 AUTHENTICATION:

DA 427-20-95

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