

# F98000004506

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HOSPI MED, INC.  
(Name of corporation - must include suffix)

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:

Guillermo J. Fernandez-Quincoces, Esq.

(Name of Person)

Guster, Yoakley, Valdes-Fauli & Stewart

(Firm/Company)

2 South Biscayne Blvd., Suite 3400

(Address)

Miami, Florida 33131-1897

(City/State/Zip)

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DIVISION OF CORPORATIONS

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

Marlene Pereira, Legal Asst. at ( 305 ) 376-6091  
(Name of Person) (Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

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

### MAILING ADDRESS:

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

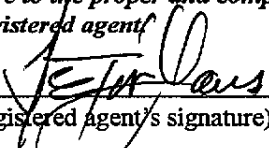
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. HOSPI MED, 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. REPUBLIC OF PANAMA  
(State or country under the law of which it is incorporated)
3. APPLIED FOR  
(FEI number, if applicable)
4. APRIL 8, 1998  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. July 98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8770 Sunset Drive #433  
Miami, Florida 33173  
(Current mailing address)
8. SALE OF HOSPITAL EQUIPMENT AND PRODUCTS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: HECTOR L. LANS
- Office Address: 5793 S.W. 84 Ave.  
Miami, Florida, 33143  
(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.*

  
(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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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: LUIS EDUARDO CESPEDES

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

Vice Chairman: LILIA AMINTA DE SALCEDO

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

Director: ALVA ROSA CHIRU

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: LUIS EDUARDO CESPEDES

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

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

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

Secretary: LILIA AMINTA DE SALCEDO

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

Treasurer: ALVA ROSA CHIRU

Address: Via Espana N° 200, Piso 7°

Panama, Republic of Panama

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

13. Hector L. Lans Trustee (HOLD POWER OF ATTORNEY)  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HECTOR L. LANS - TRUSTEE (HOLDING POWER OF ATTORNEY)  
(Typed or printed name and capacity of person signing application)

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LIRE

# LA DIRECCION GENERAL DEL REGISTRO PUBLICO

17/07/1998

CON VISTA A LA SOLICITUD-55523



HOSPITAL MEDICO, INC. MINISTERIO DE LA SOCIEDAD Y JUSTICIA

SE ENCUENTRA REGISTRADA EN LA ESCRITA DEL 343907 ROLLO BLI 59266 IMAGEN 36

DESDE EL OCHO DE ABRIL DE MIL NOVECIENTOS NOVENTA Y OCHO,

QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

QUE SUS DIRECTORES SON

LUIS EDUARDO CESPEDES

LILIA AMINTA DE SALCEDO

ALVA ROSA CHIRU

QUE SUS DESIGNATARIOS SON

LUIS EDUARDO CESPEDES

ALVA ROSA CHIRU

SECRETARIO

QUE LA REPRESENTACION LEGAL LA EJERCERA

SIN PERJUICIO DE LO QUE DISPONGA LA JUNTA DIRECTIVA, EL PRESIDENTE

OSTENTARA LA REPRESENTACION LEGAL DE LA SOCIEDAD, EN AUSENCIA DE ESTE

OSTENTARA, EN SU ORDEN, EL VICEPRESIDENTE, SI LO HUBIERE, EL

TESORERO O EL SECRETARIO

QUE SU DURACION ES PERPETUA

EXPEDIDO Y FIRMADO EN LA CIUDAD DE PANAMA EL VEINTIDOS DE JULIO DE

MIL NOVECIENTOS NOVENTA Y OCHO A LAS 02-37-10.5 P.M.

NOTA- ESTA CERTIFICACION PAGA

EL IMPUESTO DE TIMBRE POR UN

VALOR DE P/ 14.00

COMPROBANTE NO. 55523

FECHA- 17/07/1998



WILLIAMS G. DE WILLIAMS

CERTIFICADOR

98 AUG 17 PM 2:35  
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DIVISION OF CORPORATE AFFAIRS  
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TRANSLATION

THE GENERAL DIRECTORATE OF THE PUBLIC REGISTRY

17/07/98 AS PER REQUEST: 55523 -----

C E R T I F I E S:

That the corporation HOSPI MED, INC. appears recorded at Microjacket: 343907; Film Roll: 59266; Frame: 36 of the Microfilm (Mercantile) Division since Abril 8, 1998.

That this corporation is in good standing.

That its Directors are:

1. LUIS EDUARDO CESPEDES
2. LILIA AMINTA DE SALCEDO
3. ALVA ROSA CHIRU

That its Officers are:

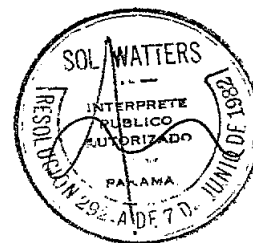
PRESIDENT - LUIS EDUARDO CESPEDES  
TREASURER - ALVA ROSA CHIRU  
SECRETARY - LILIA AMINTA DE SALCEDO

That the Legal Representative, unless otherwise provided by the Board of Directors, is the President, and in his absence, in its order, the Vice-President, if any, the Treasurer or the Secretary.

That it is of perpetual duration.

ISSUED AND SIGNED in the city of Panama on July 22, 1998 at 02-37-10.5 P.M.

NOTE: This certification has paid the tax stamp for the amount of B/.14.00  
Voucher N° 55523  
Dated: 17/07/1998



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(SIGNED) (MAYRA G. DE WILLIAMS)

Certifying Officer

(S E A L) OF THE PUBLIC REGISTRY OFFICE OF THE REPUBLIC OF  
PANAMA (STAMPS)

The undersigned, certified Public Translator (Res. 292-A as of  
07/06/82) certifies the foregoing to be a true translation of  
its original in Spanish.

Panamá, July 22, 1998.

  
SOL WATTERS

I. D. No.3-56-588



APOSTILLE

(Convention de la Haye du 5 octobre 1961)

1. País PANAMA

El presente documento público

2. ha sido firmado por Sol Waters

3. quién actúa en calidad de Intérprete

4. y está revestido del sello / timbre de 4

5. en PANAMA 6. el día 24 JUL 1998

7. por DIRECCION ADMINISTRATIVA

8. Bajo el número 13900

9. Sello / timbre 10. Firma:

2 Manuel J. J. J.



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