

F99000003598

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100002930141--2

-07/13/99--01061--011

*****8.75 *****8.75

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*****70.00 *****70.00

Alliance Medical Corporation

d/p/a

Alliance Medical Reprocessing Corporation

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☒ CUS

☐ After 4:30

☒ Pick Up

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

7/13/99

PLEASE RETURN EXTRA COPY(S)

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THANKS

JOEY

99 JUL 13 PM 12:04

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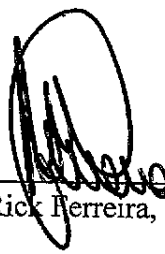
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RESOLUTION OF THE BOARD OF DIRECTORS

I, the undersigned, Rick Ferreira, do hereby certify that this Resolution of the Board of Directors of Alliance Medical Corporation, a corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on March 18, 1999.

RESOLVED, that Alliance Medical Corporation, organized and existing in the State of Delaware, hereby adopts the name Alliance Medical Reprocessing Corporation for use in Florida.

Dated: July 11, 1999



Rick Ferreira, Chief Executive Officer

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99 JUL 13 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. Alliance Medical Corporation

(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. DE
(State or country under the law of which it is incorporated)

3. Applied for
(FEI number, if applicable)

4. 10/07/97
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3010 N. 2nd St., #110, Phoenix, AZ 85012

(Current mailing address)

8. To engage in any lawful activity for which a corporation may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) under the laws of the state of FL.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation

Florida, 33324
(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.

By: Vickie M. Prince

(Registered agent's signature)

Vickie M. Prince, Asst. Secretary

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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TALLAHASSEE FLORIDA

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Address: _____

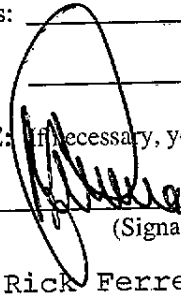
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Rick Ferreira, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

LIST OF DIRECTORS AND OFFICERS WITH ADDRESSES
OF ALLIANCE MEDICAL CORPORATION

In response to Items 12.A. and B. of its Application by Foreign Corporation for Authorization to
Transact Business in Florida

Dr. Greg Bailey, Director, 120 Adelaide St. West, #514, Toronto, Ontario, Canada

Lou Coppage, Director, Vice Chairman, 621 E. 17th St., #1730, Denver, CO 80202

Henry Klyce, Director, Chairman, 4070 Nelson Ave., Ste. B, Concord, CA 94520

Reuben Sandler, Director, Secretary, 11693 San Vincente Bl., #268, Los Angeles, CA

Tony Viscogliosi, Director, 310 E. 46th St., Ste 3G, New York, NY 10017

Rick Ferreira, Chief Executive Officer, Assistant Secretary, 3010 N. 2nd St. #110,
Phoenix, AZ 85012

Vern Feltner, Executive Vice President, 348 Merriman Ave., Ashville, NC 28801

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANCE MEDICAL CORPORATION" 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 SEVENTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2804049 8300

991276813

AUTHENTICATION:

DATE:

9850983

07-07-99