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Division of Corporations  
Florida Department of State  
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Electronic Filing Cover Sheet  
From: Michael A. Alvarado  
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# F13000004854

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Access Medical Acquisition, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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MD 11/7

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.

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1. Access Medical Acquisition, Inc. (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)

2. Delaware 3. 46-3485489 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/21/13 5. perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon acceptance (Date first transacted business in Florida, if prior to registration)

7. 6575 Allison Rd., Miami Beach, FL 33141 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address)

(Current mailing address)

8. Any and all lawful business under the Florida Statutes (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 NOT acceptable)

Name: OT Corporation System Office Address: 1200 S. Pine Island Road Plantation, Florida 33324 (City) (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.

[Signature] Angel Nunez Assistant Secretary (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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Dr. Mark McKenney  
Address: 6575 Allison Rd., Miami Beach, FL 33141

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

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

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

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

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

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

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**B. OFFICERS**

President: Luis H. Izquierdo  
Address: 6575 Allison Rd., Miami Beach, FL 33141

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

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

Secretary: Dr. Mark McKenney

Address: 6575 Allison Rd., Miami Beach, FL 33141

Treasurer: Dr. Mark McKenney

Address: 6575 Allison Rd., Miami Beach, FL 33141

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

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Luis H. Izquierdo, President  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE  
 DELAWARE, DO HEREBY CERTIFY "ACCESS MEDICAL ACQUISITION, INC."  
 IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND  
 IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO  
 AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF  
 NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES  
 HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 11-05-13 BY 60322

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You may verify this certificate online  
 at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State  
 AUTHENTICATION: 0869431

DATE: 11-05-13