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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H150001712873)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

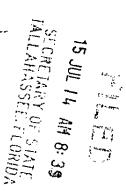
: (850)205-8842 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

4 1	Address:			
PERSONAL T	ADDITHRS:			

FOREIGN PROFIT/NONPROFIT CORPORATION AESYNTIX HEALTH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75



JUL 1 5 2015

Electronic Filing Menu

Corporate Filing Menu

Help J SHIVERS

TO: New Filing Section Division of Corporations

SUBJECT: Acsyntix Health, Inc.

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COVER LETTER

Name of corporation	ta - must include suffix		
Dear Sir or Medam:			
The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transect busing	anding" and sheek are submitted to register the		
Please return all correspondence concerning this matt	er to the following:		
Seatt Citterman			
Name o	f Porson		
Modernizing Medicine, Inc.			
Firm/Co	Subaut.		
3600 FAU Bevierard, Suite 202			
Ada	ires		
Bose Raton, PL 33431			
City/State	and Zip code		
ecott.gitterman@med.com			
E-mail address: (to be use	d for fature annual report notification)		
For further information concerning this matter, please	ed]:		
Scou Gitterman at (561	, 35B-4023		
Name of Person at (318-4023 a Code & Daylime Telephone Number		
	•		
STREET/COURIER ADDRESS:	mailing address:		
New Filing Station	New Filing Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Hox 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tellahassee, FL 32314		
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee	Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy		

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

IN COMPLIANCE WITH SECTION 607. I SO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

10.00		A Company of Company o	
Deleumen	u Annido" etres effetuere conforme peute.	scopied for the purpose of transacting husiness in Florida 26-3362592	,
-	3. ler the law of which it is incorporated)	(PEI number, if applicable)	_
08/04/2008	\$	Shematral	
	scorparation)	(Burstlan: Year corp. will cosses to exist or "perpetual")	<u> </u>
Docember 22, 2014		<u> </u>	
	, , , , , , , , , , , , , , , , , , ,	n Planta. If prior to registration)	
3300 Douglas Boulev	(SEE SECTIONS 607.1501 & 607.1 and, Suite 200, Reserville, California 9556 (Principal office add		
·	erd, Suite 200, Reserville, California 9566 (Principal office addered, Suite 200, Reserville, California 9566	51 2003) 61	15 J SECR 1ALLA
3389 Douglas Boules	ard, Suite 200, Reseville, California 9556 (Principal office add	51 Dross) 61 dress)	JUL 14 AM 8:
3380 Dougles Bouler 3. Name and street as Name:	erd, Suite 200, Rossville, California 9566 (Principal office adderd, Suite 200, Rossville, California 9566 (Current mailing addersa of Florida registered agent: (P. NRAI Services, Inc.	51 Dross) 61 dress)	JUL 14 AM

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 parformance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. 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 outlody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Daniel Cane	
Address: 3600 FAU Boulevard, Sulto 202, Boes Raton, FL 33431	
Director:	
Address:	
B. OFFICERS	
President: Deniel Cane	
Address: 3600 FAU Boulevard, Suite 202, Boca Raton, FL 33431	
	AND P
Vice President:	SS = 1000
Address: 3600 FAU Boulevard, Suite 202, Boce Raton, FL 33411	
	T 4
Secretary: Mark Fleisher	0 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address: 3600 FAU Boulevard, Suite 202, Hors Raton, FL 33431	9 70
Treasurer: Karen O'Byrns	
Address: 3600 FAU Boulevard, Suite 202, Bocs Raton, FL 33431	
NOTE: If measure, you may attach an addendum to the application listing additional officers	and/or directors.
12.	ming! middless
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.	iment of State constitutes
13. Mult Flaishe Senser tower force Vika F. (Typed or printed name and capacity of person signing application)	rondontand brallon-

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AESYNTIX HEALTH, 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 SROW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AESYNTIX HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2008.

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

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

4583655 8300

151042835

DATE: 07-13-15

AUTHENTICATION: 2550881