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MESSPETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations							
Mobile Medical Examination Services, Inc. SUBJECT:							
Name of corporation - must include suffix							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the						
Please return all correspondence concerning this matter Shawheen Moridi	to the following:						
Name of	Person						
Mobile Medical Examination Services, Inc.							
Firm/Com	pany						
1241 East Dyer Road Suite 145							
Addre	ess						
Santa Ana, CA 92705							
City/State a	nd Zip code						
shawheen.moridi@medxm1.com							
E-mail address: (to be used	for future annual report notification)						
For further information concerning this matter, please of	eall:						
John Khuu 714 395-5359 at ()							
Name of Person Area Cod	e Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:							
□ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy						

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. Mobile Medical Examination Services, Inc. 1. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) California (Date of incorporation) (Date of duration, if other than perpetual) 7/19/1990 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1241 East Dyer Road Suite 145 Santa Ana, CA 92705 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Court Suite A Office Address: Tampa , Florida

9. 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.

Cheyenne Moseley, Asst. Secretary
(Registered agent's signature)

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 custody 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. DIRE				
	Siamak Zaehdi 1241 East Dyer Road Suite 145 Santa Ana, CA 92705			
	man:			
Address: _				
Director:	Mohsen Zahedi 1241 East Dyer Road Suite 145 Santa Ana, CA 92705			
Address:	211 Edit Eyer Road Barie 1 15 Garia François (27.02			
Director:	Bahman Zahedi		7113	
Address:	1241 East Dyer Road Suite 145 Santa Ana, CA 92705	MASSE MASSE	5	at-in-actions of
B. OFFI	Siamak Zahedi	OF STATE	0 ف: <u>م</u>	O
	1241 East Dyer Road Suite 145 Santa Ana, CA 92705	- >		
	Mohsen Zahedi dent: 1241 East Dyer Road Suite 145 Santa Ana, CA 92705			
Secretary:	Bahman Zahedi			
Address:	1241 East Dyer Road Suite 145 Santa Ana, CA 92705			
Treasurer:	· · · · · · · · · · · · · · · · · · ·			
Address:				
NOTE: 12/	f necessary, you may attach an addendum to the application listing additional of		l/or dire	ectors.
The office are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirmed that he or she is aware that false information submitted in a document to the Egree felony as provided for in s.817.155, F.S. Mohiem Zahed.	ns that th		
	(Typed or printed name and capacity of person signing application	n)		

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MOBILE MEDICAL EXAMINATION SERVICES, INC.

FILE NUMBER:

C1669676

FORMATION DATE:

07/19/1990

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 10, 2016.

ALEX PADILLA
Secretary of State