

BO2000000053

BodyScan

February 21, 2001

DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. Gaines Street
Tallahassee, FL 32314

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-02/25/02--01013--008
***2047.50 ***1785.00

RE: DOCUMENTS TO BE FILED

Department of State,

Enclosed please find a check in the amount of \$2,047 to go towards the filing of the following documents:

- 1) Application by Foreign Limited Partnership for Authorization to Transact Business in Florida and attached Affidavit of Capital Contributions for Foreign Limited Partnership.
- 2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and attached Original Certificate of Existence.
- 3) Certificate of Designation of Registered Agent/Registered Office.
- 4) Application for Registration of Fictitious Name.
- 5) Application for the Registration of Trademark of Service Mark.

FILED
02 FEB 22 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For your information the contact person's name is Mr. Brett Adair and he can be reached at (949) 794-8980 and all acknowledgements can be sent to BodyScan Imaging, Legal Dept., 6 Venture, Suite 100, Irvine, CA 92618.

Thank you,

Tracey Corey
Tracey Corey
Legal Assistant

Encl.

BO2-53
OK

BodyScan Imaging
6 Venture • Suite 100 • Irvine, CA 92618
Phone: (949) 794-8980 • Toll Free: 800-405-8851
Fax: (949) 794-8990 • Web Site: www.bodyscanimaging.com

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. LifeScan Imaging, LP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. Nevada 4. December 7, 2001
(State of Formation) (Date of Formation)

5. Michelle Mahler Gray
(Name of Registered Agent for Service of Process)

6. 3424 W. Kennedy Blvd.
(Street Address of Registered Office)

Tampa, Florida 33609
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

MA
(Agent must sign on this line)

8. 2575 South Cimarron, Ste. 104
Las Vegas, Nevada 89117
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

<u>BodyScan Imaging, LLC</u>	
<u>6 Venture, Ste 100</u>	
<u>Irvine, Ca. 92618</u>	

10. 6 Venture, Ste 100, Irvine, Ca. 92618
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

12. 6 Venture, Suite 100

Irvine, Ca. 92618

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of February, 2002.

[Signature]

General Partner

STATE OF California

COUNTY OF Orange

On this 4th day of February, 2002.

Lorraine Scinto, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]

(Notary Public Signature)

Karla L. Malone

(Notary's Printed Name)

Seal

My Commission Expires: Aug 31, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Lorraine Sciuto
a general partner of LifeScan Imaging, LP, a (an) Nevada
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,000,000

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of February, 2002.

Lorraine Sciuto
General Partner

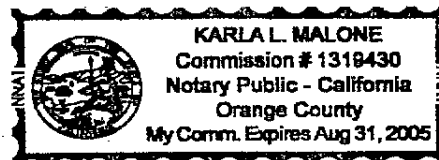
STATE OF California
COUNTY OF Orange

On this 5th day of February, 2002.

Lorraine Sciuto, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Karla L. Malone
(Notary Public Signature)
Karla L. Malone
(Notary's Printed Name)



Seal My Commission Expires: Aug 31, 2005

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TALLAHASSEE, FLORIDA