

F000000000122

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MEDICAL SYSTEMS INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following: 500003086255--6
-01/03/00--01113--014

EDWARD HOURITZ

(Name of Person)

MEDICAL SYSTEMS INC

(Firm/Company)

114 E. McNAB RD

(Address)

DAWSON BEACH FL. 33060

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

EDWARD HOURITZ at (954) 787-1556
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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 & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

Postmarked
12/30/99
00 JAN -3 PM 1:02
FILED
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. MEDICAL SYSTEMS INC
(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. NEW JERSEY
(State or country under the law of which it is incorporated)
3. 22368533
(FEI number, if applicable)
4. 10/1999
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. NOV 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 278 BROADWAY,
ELMWOOD PK, N.J. 07407
(Current mailing address)
8. SETTING APPTS FOR THE DEMONSTRATION & SALES OF MEDICAL ALERT SYSTEMS
(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 or Mail Drop Box NOT acceptable)
Name: EDWARD HOLRITZ
Office Address: 816 NE 18th Ave -
FT. LAUDERDALE, Florida, 33304
(Zip code)

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TALLAHASSEE FLORIDA

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.

Edward Holritz
(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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

Chairman: EDWARD HOLRITZ

Address: 816 NE 18th Ave.
FT. LAUDERDALE FL, 33304

Vice Chairman: ROBERT BLAUSTEIN

Address: 14 LANGDON AVE
WHARTON N.J. 07885

Director: _____

Address: _____

Director: _____

Address: _____

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

President: EDWARD HOLRITZ

Address: 816 NE 18th Ave.

FT LAUDERDALE FL, 33304

Vice President: ROBERT BLAUSTEIN

Address: 14 LANGDON AVE

WHARTON N.J. 07885

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

Edward Holritz
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

EDWARD HOLRITZ PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MEDICALL SYSTEMS, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on October 28, 1999.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

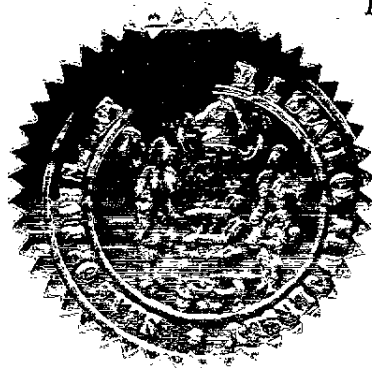
*Edward Holritz
278 Broadway
Elmwood Park, NJ 07407*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MEDICALL SYSTEMS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of December, 1999

Roland M Machold

Roland M Machold
Treasurer

00 JAN -3 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA