

# F00000004833

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 8 / 28

400003374274--9  
-08/28/00--01030--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Corporation(s) Name

Life Clinic Medical Data Corporation

☒ Profit ☐ Amendment ☐ Merge  
☐ Nonprofit  
☒ Foreign ☐ Dissolution ☐ Mark  
☐ LLC ☐ Withdrawal

☐ Limited Partnership ☐ UBR ☐ Other  
☐ Reinstatement ☐ Fictitious Name ☒ Ch. RA  
☐ UCC ☐ 1 or ☐ 3

\*\*\*Special Instructions\*\*

☐ Certified Copy ☐ Photocopies ☐ CUS  
☐ Arts/ameds/mergers ☐ Other-See Above  
☒ (XXX) Walk in ☒ (XXX) Pick-up ☐ ( ) Will Wait

Please Return Filed Stamped  
Copies To:

Jeffrey Butterfield  
Thank You!

hxp  
8/28

**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. LifeClinic Medical Data Corporation

(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. Washington

(State or country under the law of which it is incorporated)

3. Applies For

(FEI number, if applicable)

4. 05/09/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15220 NE 40th St., Redmond, WA 98073

(Current mailing address)

Provision of medical equipment and/or services.

8. \_\_\_\_\_

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.*

By: Jack Cosky, Asst. V.P.  
(Registered agent's signature) Jack Cosky

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)

FILED  
DIVISION OF CORPORATIONS  
00 AUG 28 PM 1:13

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

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

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

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

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

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

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

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

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

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

President: Carl A. Lombardi

Address: P.O. Box 97013, 15220 NE 40th St.  
Redmond, WA 98073

Vice President: Eugene V. DeFelice

Address: P.O. Box 97013, 15220 NE 40th St.  
Redmond, WA 98073

Secretary: Eugene V. DeFelice


Address: P.O. Box 97013, 15220 NE 40th St.  
Redmond, WA 98073

Treasurer: James A. Richman

Address: P.O. Box 97013, 15220 NE 40th St.  
Redmond, WA 98073

**SEE ATTACHMENT**

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James A. Richman, Vice President  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 28 PM 1:13

Attachment to Florida  
Application By Foreign Corporation for Authorization to Transact Business In Florida  
**Officers & Directors**

---

1. Full Name: Carl A. Lombardi  
Officer/Director: Officer, Director  
Officer's Title: President  
Director's Title: Chairman  
Business Address: P.O. Box 97013, 15220 NE 40th St.  
City: Redmond  
State: WA  
ZIP Code: 98073
2. Full Name: Eugene V. DeFelice  
Officer/Director: Officer, Director  
Officer's Title: Secretary/Vice Pres.  
Business Address: P.O. Box 97013, 15220 NE 40th St.  
City: Redmond  
State: WA  
ZIP Code: 98073
3. Full Name: James A. Richman  
Officer/Director: Officer, Director  
Officer's Title: Treasurer/Vice Pres.  
Business Address: P.O. Box 97013, 15220 NE 40th St.  
City: Redmond  
State: WA  
ZIP Code: 98073

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 28 PM 1:13

# STATE of WASHINGTON



## SECRETARY of STATE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 28 PM 1:13

I, **RALPH MUNRO**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

### LIFECLINIC MEDICAL DATA CORPORATION

I **FURTHER CERTIFY** that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on May 9, 2000.

I **FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: July 14, 2000

*Given under my hand and the Seal of the State of Washington at Olympia, the State Capital*

SBF   
Ralph Munro, Secretary of State