

# F00000005092

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HealthTronics, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

100003365501--9  
-08/21/00--01053--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Victoria Beck  
(Name of Person)  
HealthTronics, Inc.  
(Firm/Company)  
1841 West Oak Pkwy, Suite A  
(Address)  
Marietta, GA 30062  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 11 PM 3:41

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

Victoria Beck at (770) 419-0691  
(Name of Person) (Area Code & Daytime Telephone Number)

Name	STREET ADDRESS:
Availability	
Qualification/Tax Lien Section	
Document Examiner	Division of Corporations
Updater	409 E. Gaines St.
	Tallahassee, FL 32399
Updater	
Verifier	Enclosed is a check for the following amount:
Adm. Ackgement	<input checked="" type="checkbox"/> \$70.00 Filing Fee
W. P. Verifier	DCC

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

① RA info & Sign.



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

812212/70.00- SOS fees in  
pending

September 11, 2000

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Healthtronics, Inc.

FILED  
SEP 11 PM 3:41  
TALLAHASSEE  
FLORIDA  
UCC FILING & SEARCH SERVICES

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Certificate of Fictitious Name

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 25, 2000

VICTORIA BECK  
HEALTHTRONICS, INC.  
1841 WEST OAK PKWY., SUITE A  
MARIETTA, GA 30062

SUBJECT: HEALTHTRONICS, INC.  
Ref. Number: W00000020973

RECEIVED  
DIVISION OF CORPORATIONS  
00 SEP 11 PM 3:41

We have received your document for HEALTHTRONICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 000A00045635

RECEIVED  
00 SEP 11 PM 12:10

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. HealthTronics, 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. Georgia

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

3. 58-2210668

(FEI number, if applicable)

4. 12/1/95

(Date of incorporation)

5. Perpetual

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

6. 01/01/2000

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

7. 1841 West Oak Pkwy, Suite A

Marietta, Georgia 30062

(Current mailing address)

8. Leasing of medical equipment

(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: NRAI Services, Inc.

Office Address: 526 East Park Avenue

Tallahassee

Florida, 32301

(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.

Ed Hand - Asst. Sec.

(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)

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
000 SEP 11 PM 3:41

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

Chairman: Argil Wheelock

Address: 1847 West Oak Pkwy, Suite A  
Marietta, Georgia 30062

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

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

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

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

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

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

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

President: Roy Brown

Address: 1847 West Oak Pkwy, Suite A  
Marietta, Georgia 30062

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

FILED  
SEP 11 PM 8:11  
CLERK OF SUPERIOR COURT  
DAVIS COUNTY, GEORGIA

**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. Argil Wheelock CEO  
(Typed or printed name and capacity of person signing application)

**Secretary of State**

**Corporations Division**

**315 West Tower**

**#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 002020835  
CONTROL NUMBER : K535640  
DATE INC/AUTH/FILED: 12/01/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 07/20/2006  
FORM NUMBER : 211

00 SEP 11 PM 3:41  
STATE OF GEORGIA  
DEPARTMENT OF CORPORATIONS

COCHRAN, CAMP & SNIPES  
ATTN: SCOTT A. COCHRAN  
2950 ATLANTA ST, SE  
SMYRNA, GA 30080

**CERTIFICATE OF EXISTENCE**

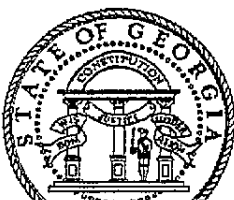
I, Cathy Cox, the Secretary of State of the State of Georgia, do  
hereby certify under the seal of my office that

**HEALTHTRONICS, INC.  
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to  
transact business in Georgia on the above date. Said entity is in  
compliance with the applicable filing and annual registration  
provisions of Title 14 of the Official Code of Georgia Annotated  
and has not filed articles of dissolution, certificate of  
cancellation or any other similar document with the office of the  
Secretary of State.

This certificate relates only to the legal existence of the above-  
named entity as of the date issued. It does not certify whether  
or not a notice of intent to dissolve, an application for  
withdrawal, a statement of commencement of winding up or any other  
similar document has been filed or is pending with the Secretary  
of State.

This certificate is issued pursuant to Title 14 of the Official  
Code of Georgia Annotated and is prima-facie evidence that said  
entity is in existence or is authorized to transact business in  
this state.



*Cathy Cox*

Cathy Cox