

F00000005419

Requester's Name
1557 Cristobal Dr
Address
Tallahassee FL 251 0131
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Multi-Diagnostic Services Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

800003406168--1
-09/27/00--01044--001
*****4.00 *****4.00

800003406168--1
-09/27/00--01013--018
*****75.00 *****75.00

*Call when ready
251-0131*

Examiner's Initials

3/29/21

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT:

Multi-Diagnostic Services, 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:

Tom Herman
(Name of Person)

Multi-Med, Inc
(Firm/Company)

7304 185th St
(Address)

Flushing, N.Y. 11366
(City/State/Zip)

FILED
00 SEP 27 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Tom Herman at (718) 454-8556
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Multi-Diagnostic Services, 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 York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 7304 185th ST, Flushing N.Y. 11366
(Principal office address)
- b. SAME
(Current mailing address)
8. Contract X-ray Sys for State of Florida
(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: WM LANCE GERLIN
- Office Address: 2039 Centre Point Blvd.
Suite 102, Tallahassee, Florida 32308
(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.

WM Lance Gerlin
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tom Herman

Address: 7304 185th St

Flushing, N.Y. 11366

Vice Chairman: _____

Address: _____

Director: SAME

Address: SAME

Director: _____

Address: _____

B. OFFICERS

President: Tom Herman

Address: 7304 185th St

Flushing, NY 11366

Vice President: _____

Address: _____

Asst Secretary: Wm Lance Gerlin

Address: 1557 Cristobal Dr

Tallahassee, FL 32303

Treasurer: Tom Herman

Address: 7304 185th St

Flushing, NY 11366

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

13. Wm Lance Gerlin

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

14. Wm Lance Gerlin

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of MULTI-DIAGNOSTICS SERVICES, INC. was filed on 09/19/1985, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of September
two thousand.



Special Deputy Secretary of State

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00 SEP 27 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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