

CT CORPORATION SYSTEM

**F01000000175**

FILED  
01 JAN 10 AM 10:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPORATION(S) NAME

~~DXR Imaging, Inc.~~

~~Phoenix Radiology, Inc.~~

~~Worldmed International, Inc.~~

~~L & W X-Ray Company, Inc.~~

~~Davenport X-Ray Company, Inc.~~

~~Gilbert X-Ray Company of Texas~~

~~Linear Medical Systems, Inc.~~

600003531906--4

-01/11/01--01003--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> UCCS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

(4)

Name 1/10/01

Order#: 3505496

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 JAN 10 PM 3:29

RECEIVED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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. WORLD MED INTERNATIONAL, 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. DELAWARE

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

3. 59-3483451

(FEI number, if applicable)

4. 3/19/96

(Date of incorporation)

5. PERPETUAL

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

6. 1/1/01

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

7. 4345 SOUTH POINT BLVD

JACKSONVILLE, FL 32216

(Current mailing address)

8. SALE & DISTRIBUTION OF MEDICAL SUPPLIES

(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.*

C T Corporation System

Connie Bryan

(Registered agent's signature)

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

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: DAVID A. SMITH  
Address: 4345 SOUTHPOINT BLVD  
JACKSONVILLE, FL 32216

Vice Chairman: KEVIN P. ENGLISH  
Address: 4345 SOUTHPOINT BLVD.  
JACKSONVILLE, FL 32216

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

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

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

President: DAVID A. SMITH  
Address: 4345 SOUTHPOINT BLVD.  
JACKSONVILLE, FL 32216

Vice President: KEVIN P. ENGLISH  
Address: 4345 SOUTHPOINT BLVD  
JACKSONVILLE, FL 32216

Secretary: DAVID D. KLARNER  
Address: 4345 SOUTHPOINT BLVD  
JACKSONVILLE, FL 32216

Treasurer: DAVID A. SMITH  
Address: 4345 SOUTHPOINT BLVD  
JACKSONVILLE, FL 32216

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

13. DAVID A. SMITH, VP/SECRETARY  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID D KLARNER  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORLD MED INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
01 JAN 10 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Secretary of State

2603200 18300

AUTHENTICATION: 0903980

010012362

DATE: 01-09-01