

F010000000750

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physician's Choice, Inc DBA Florida Physician's Power Products
(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:

600003653876--1
-02/06/01--01059--002
*****87.50 *****87.50

Laurence M. Dean
(Name of Person)

Physician's Power Products
(Firm/Company)

3200 University Drive, Ste 210
(Address)

Coral Springs, FL 33065
(City/State and Zip code)

For further information concerning this matter, please call:

Laurence Dean at (954) 345-5883
(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

FILED
00 FEB -6 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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CORPORATE RESOLUTIONS

Woodie E. Roy, Secretary/Treasurer

All Officers of Physician's Choice have agreed and Woodie E. Roy, Secretary will complete application and forward to the State of Florida.

There is no further business discussed at this meeting.

Alexis Anders, President/Vice President

Date _____

Woodie E. Roy, Secretary/Treasurer

Date _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE

**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. PHYSICIANS CHOICE 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. NEVADA
(State or country under the law of which it is incorporated)
3. 65-1065591
(FEI number, if applicable)
4. 09 / 14 / 2000
(Date of incorporation)
5. PERPETUAL
(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. 3200 UNIVERSITY DRIVE, SUITE 210, CORAL SPRINGS, FL 33065
(Principal office address)
SAME
(Current mailing address)
8. MEDICAL RESEARCH + DEVELOPMENT
(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: LAURENCE M. DEAN
Office Address: 3200 UNIVERSITY DRIVE, SUITE 210
CORAL SPRINGS, Florida 33065
(City) (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.

Laurence M. Dean
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

Physician's Choice

(Name of Corporation)

9/14/00

(Incorporation Date)

C 24800-00

A Nevada

(State of Incorporation)

CORPORATION

FOR THE FILING PERIOD Sept. 2009 to 2001

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Jolley Urgan Wirth & Woodbury
3800 Howard Hughes Parkway
Ste. 1600
Las Vegas, NV 89109

Office Use Only

FILED #

JAN 25 2001

DEAN NEVADA SECRETARY OF STATE

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named.
2. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED.
3. Return the completed form with the \$85.00 filing fee. A \$15.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following incorporation date.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need a receipt, return page 2 certificate and ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite 3, Carson City, NV 89701-4786, (775) 684-5708.

FILING FEE: \$85.00

LATE PENALTY: \$15.00

THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE

NAME	TITLE(S)		
Alexis Anders	PRESIDENT		
PO BOX	STREET ADDRESS	CITY	ST ZIP
	3200 University Drive, Ste 210	Coral Springs, Florida	33065
NAME	TITLE(S)		
Woodie E. Roy	SECRETARY		
PO BOX	STREET ADDRESS	CITY	ST ZIP
	3200 University Drive, Ste 210	Coral Springs, Florida	33065
NAME	TITLE(S)		
Woodie E. Roy	TREASURER		
PO BOX	STREET ADDRESS	CITY	ST ZIP
	3200 University Drive, Ste 210	Coral Springs, Florida	33065
NAME	TITLE(S)		
Alexis Anders	DIRECTOR		
PO BOX	STREET ADDRESS	CITY	ST ZIP
	3200 University Drive, Ste 210	Coral Springs, Florida	33065
NAME	TITLE(S)		
Woodie E. Roy	DIRECTOR		
PO BOX	STREET ADDRESS	CITY	ST ZIP
	3200 University Drive, Ste 210	Coral Springs, Florida	33065
NAME	TITLE(S)		
	DIRECTOR		
PO BOX	STREET ADDRESS	CITY	ST ZIP

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TALLAHASSEE, FLORIDA

I hereby certify this initial list.

X Signature of officer

Woodie E. Roy

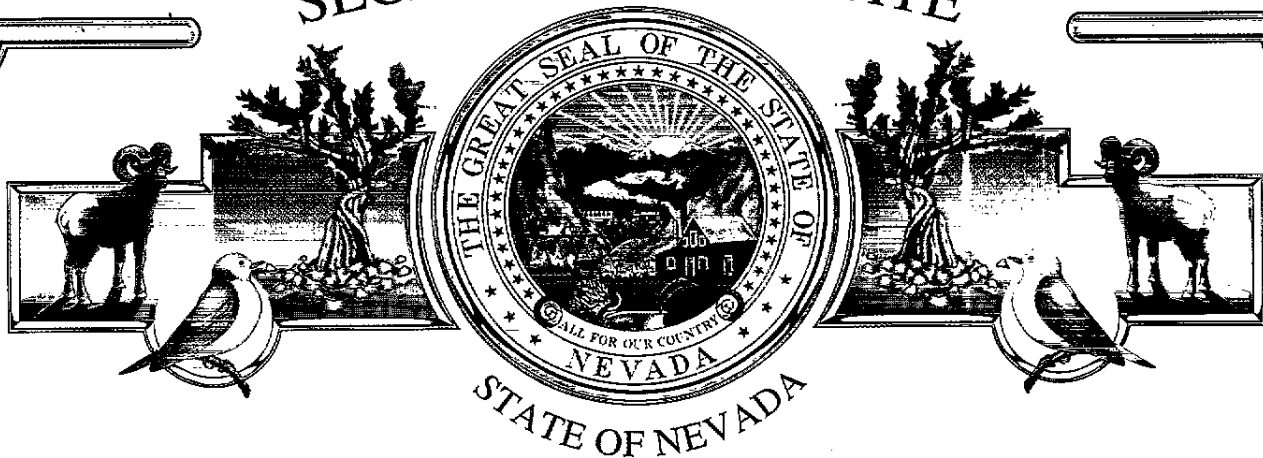
Title(s)

Secretary

Date

1/23/01

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PHYSICIAN'S CHOICE**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 14, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 29, 2001.



Dean Heller

Secretary of State

By

Sacquelene Wray
Certification Clerk

FILED
NO FEB -6
1:59
SECRETARY OF STATE
CARSON CITY, NEVADA