F02000001431

Registration Section

TRANSMITTAL LETTER

| Division of Corporations | | | | | | | |
|---|--|--|---|-------------------------|---------------|---------------|---------------|
| SUBJECT: DOLPHIN / | MEDICAL | 1 // | ATED |) | | _ | |
| (Na | me of corporation | - must include suffix) | 2 2 2 3 2 6 1 | | ×8 1000 | | ¥ |
| Dear Sir or Madam: | | 40 | -03/I **** | 8702- *78.7 | 511 '5 * |)94 **** | 027 78.75 |
| The enclosed "Application by Foreign "Certificate of Existence", and check a to transact business in Florida. | Corporation for A are submitted to re | Authorization to Transact legister the above reference | Business in ed foreign | a Floric corpora | la", ition | | |
| Please return all correspondence conce | eming this matter | to the following: | | | | | |
| INGRID BOLDE | | | | | | | |
| | (Name of I | Person) | | | • | | 7 |
| DOLPHIN MEDI | CAL, IN | 10 | | | | | -+ |
| | (Firm/Con | pany) | _ | | _ | _ | |
| 12525 CHADRON | AVE | | AL | 1938 1938 | 22 | | |
| HAW THORNE | A GOO | ss) 750 | AllAdor | ETARY | MR 18 | <u> </u> | • |
| | (City/State ar | d Zip code) | | 7 0 | | -[1] | |
| | | . , | - 7 | $\square_{\mathcal{S}}$ | | | |
| For further information concerning thi | s matter, please ca | 11: | | | 10:1 | | |
| ANUT WADHAWAN | at (310 | 978-0516 | , , | | | - | |
| (Name of Person) | | ode & Daytime Telephone | Number | iame Ivailabi | tia. | | Ī |
| | | | -" | ···· ·· · | | - 11 | |
| | | | | | _ | Y | /- |
| STREET ADDRESS: | | MAILING ADDRESS: | <u> </u> | | · | <u> </u> | |
| Registration Section | | Registration Section | | U.va'u | | | |
| Division of Corporations | | Division of Corporations | 1 | to s | | | 1 |
| 409 E. Gaines St. | | P.O. Box 6327 | L | ર્ક્ક ∵્ | | | |
| Tallahassee, FL 32399 | | Tallahassee, FL 32314 | | А. | | * | |
| Enclosed is a check for the following a | mount: | | | W. P. | verity | /er | |
| □ \$70.00 Filing Fee □ \$78.75 Fil Certificat | _ | \$78.75 Filing Fee & C Certified Copy | 3 \$87.50 F Certific Certifie | ate of S | Status | & | |

F02-1431

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.

| ^• | LPHIN MEDICAL, | | | | | | |
|-------------------------------------|--|------------------------|-------------------------|------------------------|---------------------------------------|----------------|------|
| words or abbre | oration; must include the viations of like import or partnership if not so | in language as will c | learly indicate that it | NY", "CORPORAT | FION" or stead of a | | |
| 2 <i>(</i> | ALIFORNII y under the law of which | A | 3 | 5-4876 | 507 | | |
| 4. | | 2001 | _5 PE | (FEI number, if ap | · · · · · · · · · · · · · · · · · · · | | |
| 6 | MAR 1 | 2002 | - | ear corp. will cease | | · | |
| (Date first transa | | EE SECTIONS 507. | 1501, 607.1592 and | 817.155, F.S.) | rt "upon qualificat | ion.") | |
| 7. 125 | 25 CHADA | | = - How | THORAE | CA 90 | 2-70 | |
| 12525 | 5 CHADROI | (Principal office | address) JAWTHORN | e CA G | 0250 | <u></u> | |
| | | (Current mailing | | | | | - v. |
| 8. ABERE | CH & DOVEL | AMENT OF | - LUISE C | Xmmers | . | | |
| (Purpose(s | s) of corporation author | rized in home state of | or country to be carrie | ed out in state of Flo | orida) | 02 | |
| | eet address of Flori | da registered age | nt: (P.O. Box or N | Mail Drop Box <u>N</u> | OT accepta | MAR | 7 |
| Name: _ | PARACORP INCO | ORPORATED | · | <u>,</u> | SSE R | 8 | F |
| Office Address: | 236 EAST 6TH | AVENUE | | | £. F.F. S | | |
| _ | TALLAHASSEE, | | , Florida | 32303 | .ORII | = | |
| | (City) | | | (Zip code) | A | 6 | |
| 0. Registered as Laving been nam | gent's acceptance: ed as registered age | ent and to accept si | ervice of process to | or the ahove state | d computing at | 45 | |

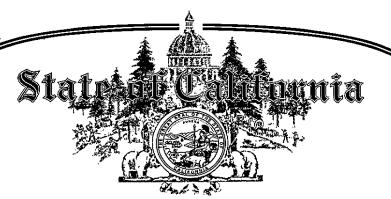
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DENISE ZOLLNER, ASST. 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 business addresses of officers and/or directors: A. DIRECTORS AY MEHRA PAUS WADHAWAN Address: B. OFFICERS NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **3RD day of JULY, 2001, DOLPHIN MEDICAL, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution, obsaid corporation nor of a court order declaring dissolution thereof, nor of a court order declaring dissolution thereof, nor of a court order declaring dissolution thereof, nor of a certificate of dissolution, obsaid corporation nor of a court order declaring dissolution thereof, nor of a certificate of dissolution and court order declaring dissolution thereof, nor of a certificate of dissolution and court order declaring dissolution thereof.

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is a exercise all its corporate powers, rights and privileges and is in sood egal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 28, 2002.

BILL JONES

Secretary of State