

FD2000001494

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BodyScan Imaging of Orlando, 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.

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*****78.75 *****78.75

Please return all correspondence concerning this matter to the following:

Anthony Sciuto
(Name of Person)
BodyScan Imaging Center of Orlando, Inc.
(Firm/Company)
6 Venture, Ste 100
(Address)
Irvine, Ca. 92618
(City/State and Zip code)

For further information concerning this matter, please call:

Anthony Sciuto at (949) 794-8980
(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

Name	
Availability	
Document Examiner	<i>LG</i>
Updater	
Verifier	
Acknowledgement	
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FD2-1494

**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. BodyScan Imaging of Orlando, 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 3. 74-3027779
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 4, 2002 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualifications
(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. 6 Venture, Ste 100, Irvine, Ca. 92618
(Principal office address)

6 Venture, Ste 100, Irvine, Ca. 92618
(Current mailing address)

8. Medical Imaging
(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: Michelle Mahler-Gray

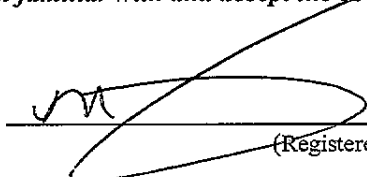
Office Address: 3424 W. Kennedy Blvd.

Tampa, Florida 33609
(City) (Zip code)

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02 MAR 22 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(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: Anthony Sciuto

Address: 6 Venture, Ste 100
Irvine, Ca. 92618

Vice Chairman: _____

Address: _____

Director: Anthony Sciuto

Address: 6 Venture, Ste 100
Irvine, Ca. 92618

Director: Lorraine Sciuto

Address: 6 Venture, Ste 100
Irvine, Ca. 92618

B. OFFICERS

President: Anthony Sciuto

Address: 6 Venture, Ste 100
Irvine, Ca. 92618

Vice President: _____

Address: _____

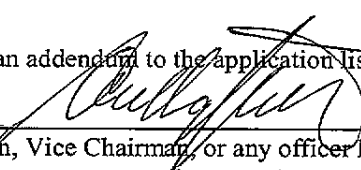
Secretary: Lorraine Sciuto

Address: 6 Venture, Ste 100, Irvine, Ca. 92618

Treasurer: _____

Address: _____

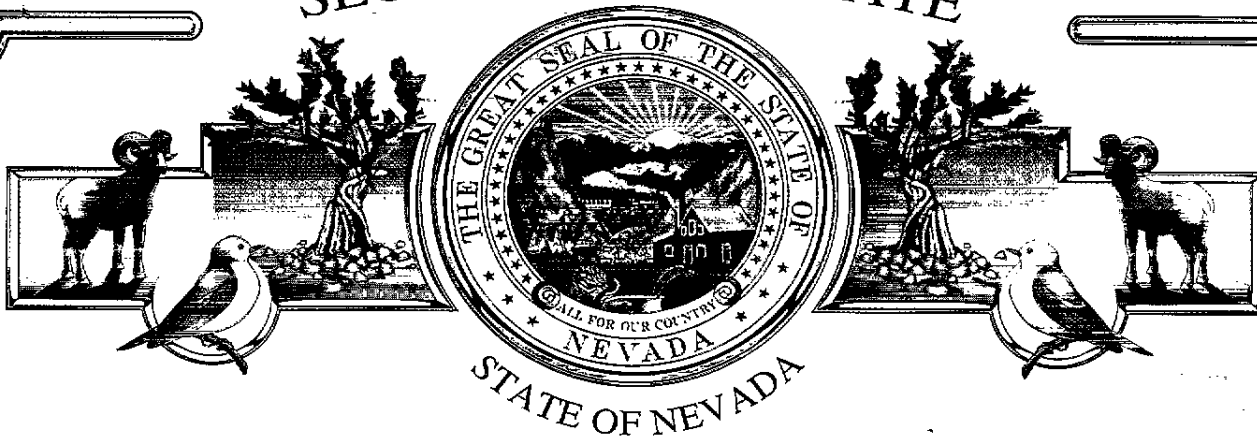
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anthony Sciuto, Chairman
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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, **BODYSKAN IMAGING OF ORLANDO, INC.**, 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 February 20, 2002, 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 February 20, 2002.



Dean Heller

Secretary of State

By

Angela Clark
Certification Clerk