

TO: Registration Se Division of Co					
SUBJECT: <u>Me</u>	DICAL ASSET	S, ムてわ oration - must include suffix			
	(Name of corpo	oration - must include suffix)		
Dear Sir or Madam:					
The enclosed "Applicate "Certificate of Existence to transact business in F	e", and check are submitted	n for Authorization to Trans d to register the above refere	act Business in Florida", enced foreign corporation		
Please return all corresp	ondence concerning this m	natter to the following:			
	Anne Aren				
	(Nan	C 25			
			0005136103 5 -03/20/0201030006		
	Megical Ass	Sevo LAD	*****70.00 *****70.00		
	(Firm	i/Company)			
	6432 LAKE	When Rd	2 × × 1		
	6432 LAKE	Address)			
			WOZ-810 部型		
	LAKE WORTH	FL 33463	$\omega \sim 2$		
	LAKE WORTH (City/St	ate and Zip code)	AH 10: 50		
For further information	concerning this matter, plea	11.	5 클쥬		
z or radior information (concerning this matter, pies	ase call:	6 5		
ANNE ALENS	Te at (50	. () 967-2339 rea Code & Davrime Teleph			
(1 varie of 1 erso	(A)	rea Code & Daytime Teleph	one Number)		
STREET ADDRESS:		MAILING ADDRESS	S:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporation	ons		
409 E. Gaines St.		P.O. Box 6327			
Tallahassee, FL 32399		Tallahassee, FL 32314	4		
Enclosed is a check for the	he 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



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 22, 2002

ANNE ARENSTEIN MEDICAL ASSETS, LIMITED 6432 LAKE WORTH RD LAKE WORTH, FL 33463

SUBJECT: MEDICAL ASSETS, LIMITED

Ref. Number: W02000008108

We have received your document for MEDICAL ASSETS, LIMITED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please note that this adopted name is for use in Florida only, and does not affect your name in Nevada in any way. You are not allowed to form the adopted name by adding "Florida" or "of Florida" to your name, and you may wish to call the number below to check any name you'd like to adopt. Enclosed is a printout showing the name which conflicts with your original name: there is a conflict because the corporate suffixes are not considered when determining name availability.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist IPR -3 AMLO:56

Letter Number: 502A00017275

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned ANNE E AREN STEIN do hereby certify (Name)
· ·
that this Resolution of the Board of Directors of
Medical Assets LTD (Corporate Name)
a corporation duly organized and existing under the laws of the State of,
was duly adopted on $3/28/02$
Be it resolved, that Medical ASSETS LTD
(Corporate Name)
organized and existing in the State of Nevaga. hereby adopts the name
Medical Assers OF NEVADA INC for use in Florida.
Dated: 3/28/02
Signature of either Chairman, Vice Chairman or any officer
ANNE E ARENSTEIN Type or print name

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.

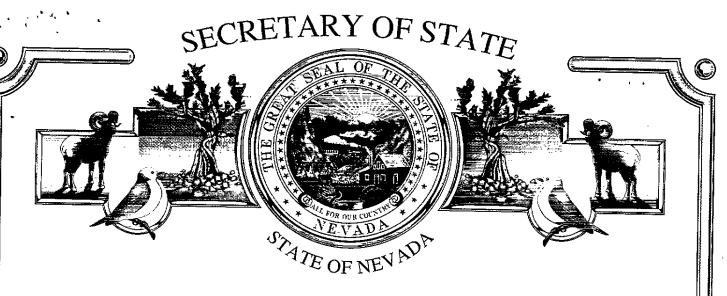
1. Medical Ass.	ETS LIMITED	CORP.	
(I value of corporation; must in	icliide the word "TÑCOPPOD	ATEDY "COMPANIES "CONDON LE	ONT or
MOTES OF AUDICATATIONS OF HIKE	: unport in language as will cle	early indicate that it is a component or in the	ead of a
natural person or partnership i	if not so contained in the name	e at present.)	Jac 01 a
2. <u>Nevada</u>			
(State or country under the 1-	£ 1:1::	_3	<u> </u>
(State or country under the law		(FEI number, if app	icable)
4. <u>5/1/01</u>		5. PERPETUAL	
(Date of incorporat	tion)	(Duration: Year corp. will cease to	
(150 × 1 1	·	(2 data corp. will cease to	exist or "perpetual")
6. UPON QUALIFI	CATIONS		4-
(Date first transacted business i	in Florida. If corporation has:	not transacted business in Florida, incert	"upon qualification ")
	(SEE SECTIONS 607.13	501, 607.1502 and 817.155, F.S.)	N 600
7. 6432 LAKE h	ma+4 R1 110	1 1 20 50 00000	PR SER
	(Principal office a	Worth FL 33463 (ddress)	77
1-1105 1 1.1.	(mospar office d	address)	3 0
6732 Lyke h	bratis Rd Lake	WORTH PL 33463	F os
	(Current mailing a	Wagu FC 33463 ddress)	<u> </u>
_			9
8. Lesine Eque	bool of.		Ο . ₂₆
(Purpose(s) of corporation	n authorized in home state or	country to be carried out in state of Flor	:: <u> </u>
9. Name and street address of	f Florida registered agent	t: (P.O. Box or Mail Drop Box NO	Cacceptable)
Name: ANNE	10 7	- 	
		- 1 mar	
Office Address: 6432	I NHO LIED.	• 1	•
	- MICHEL MICHEL	<u></u>	
LAKE	WORTH, FL	, Florida <u>3346 3</u> (Zip code)	
	(City)	(Zin code)	
		(Zip code)	
10. Registered agent's accepta	ance:		
Having been named as register	ed agent and to accept ser	vice of process for the above stated	cornoration at the
designated in this application,)	hereby accept the appoin	vice of process for the above stated tment as registered agent and agree	to act in this canacity
duties and I am formally with the	e provisions of all statutes	iment as registered agent and agree relative to the proper and complete	verformance of my
auties, and I am jamular with a	and accept the obligations	retuitve to the proper and complete of my position as registered agent.	r y
		_	
	Ω		
	Some -	Grenden	
		xcenaree -	<u></u>
	(Registered agent's 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.

A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: ANNE E ARENSTEIN Address: 6432 LAKE horate Rd LAKE WORTH, FL 33463 Vice President: Anne E Alenste in Address: 6432 LAKE WORTH ROL LK WORTH, FC 33463 Secretary: Awne E ARENSTEIN Address: 6432 LAKE WORTH Rd LK WORTH Treasurer: Anne E ARENSTE M Address: Le 435-LK WERTH Rd LK LIBRAGE FL 33463 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)

12. Names and business addresses of officers and/or directors:



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, **MEDICAL ASSETS**, **LIMITED**, 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 May 1, 2001, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 12, 2002.

DEAN HELLER Secretary of State

Certification Clerk

