-DQOOOOQQ683 FILED ALLAHA CORPOS. OI

Division of Corporations

SUBJECT: Advanced Energy Medicine, Incorporated

(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 al	l correspondence	concerning this	matter to the	ne following:
------------------	------------------	-----------------	---------------	---------------

Neil Camera

(Name of Person)

Advanced Energy Medicine, Incorporated

(Firm/Company)

101 Waterside Drive

(Address)

Centerville, MA 02632

*****87.50

(City/State and Zip code)

For further information concerning this matter, please call:

Neil Camera

(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

(3) \$87.50 Filing Fee, Certificate of Status & Certified Copy

·w02-9628 . . BRYAN APR - 5 2002, J. BRYAN MAY 3 0 2002

Advanced Energy Medicine, Inc.

101 Waterside Drive

Centerville, Massachusetts 02632

FILED
2002 MAY 28 PM 12: 01

DIVIDION OF CORPORATIONS
FALLAHASSEE, FLORIDA

May 28, 2002

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 Tel. 850-245-6000 Attention: Joey Bryan

Dear Mr. Bryan:

Enclosed please find a Certificate of Good Standing, issued by the Delaware Department of State on behalf of Advanced Energy Medicine, Inc.. In accordance with your previous correspondence with us, this should be the final document required by your office in order to register Advanced Energy Medicine in the state of Florida. For clarification purposes, please be advised that Advanced Energy Medicine does not do business in the state of Massachusetts; this is merely the corporate office location, where we receive mail.

If you have any questions or need any additional information, pleae feel free to contact me at 508-360-5857, and thank you so much for your assistance.

Sincerely,

Neil A. Camera V. President

Advanced Energy Medicine



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 2002

NEIL CAMERA 101 WATERSIDE DR. CENTERVILLE, MA 02632

SUBJECT: ADVANCED ENERGY MEDICINE, INCORPORATED

Ref. Number: W02000009628

We have received your document for ADVANCED ENERGY MEDICINE, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan **Document Specialist**

Letter Number: 502A00020148

Julie - call

All Alas Constants

4/22/02 \$20 fee Del See of Stale or fax 302.739.3812 w/cc* on cover sheet

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE I REGISTER A FORE	WITH SECTION 607.1503, I	FLORIDA ST RANSACT B	ATUTES USINES:	, THE FOLLOV S IN THE STAT	VING IS SUBM E OF FLORID	AITTED TO	· 🔥
Advance	ed Energy Medicin	e, Inco	rporat	ed		1	1/2 / X
worde or abbreviat	on; must include the word "IN ions of like import in language artnership if not so contained in	as will clearly n the name at p	resent.)	nat it is a corpora	PORATION" o tion instead of a	TANASA	AN SONAL OF
2. Delawa:			Appli	ed For			10/1/2
(State or country un	nder the law of which it is incor	porated)	•	(FEI number	er, if applicable)		Mosts
_Δ Feb 28		5.	Perpe	tual		- 41	.
(Date o	f incorporation)		(Duratio	n: Year corp. wil	I cease to exist of	or "perpetual"	')
6. Upon Q	ualification			·-·			
(Date first transacto	d business in Florida. If corne	JN2 007.1201	, 607.130.	and 617.155, 1.	ida, insert "upon S.)	i qualification	·")
7. TOT WA							 ,
4.04	(Princi terside Drive, Ce	pal office add		02632			
101 Wa				02032	. =		
	(Curre	nt mailing add	ress)			-	
Engage	in any lawful ac	ct or ac	tivity	for which	h corpor	ations r	nay be
	of corporation authorized in ho						organized
·							
9. Name and stree	<u>et address</u> of Florida regist	tered agent:	(P.O. Bo	x or Man Drop	100 101 acc	epiable)	T A-1
Name:	John Ortolani, N	MD		E 2 p =	¥		
Office Address:	1430 Madison Ave						· · · · · · · · · ·
	Daytona Beach		, F	orida 32117	<u></u>		
_	(City)		 /	(Zip co	ode)		
	ed as registered agent and t	t the appoint	ment as	registerea agen	t ana agree w	uce in this c	upucity. x
Coulling agree to a	appucation, I hereby accepomply with the provisions of amiliar with and accept the	f all statutes	reiative i	o tne proper an	ш сотрые ре	rformance e	of my
-X	Regis	atered agent's	AL signature)			·	.*
	/ 1					of this on	nlication to
11. Attached is a the Department of	certificate of existence duly State, by the Secretary of S	authenticated tate or other	l, not mo official h	re than 90 days aving custody o	prior to delive f corporate rec	ry of this apports or the j	urisdiction

under the law of which it is incorporated.

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

A. DIRECTOR			01, 00	× 1
Chairman:	John Ortolani, M.D.		10,	1/2 (X
Address:	1430 Madison Ave.		1//	
	Daytona Beach, FL 32117			
Vice Chairman: _	Neil Camera		· · ·	00/0
Address:	101 Waterside Drive		· · · · · · · · · · · · · · · · · · ·	(O)15
	_ Centerville, MA 02632			-
Director:	John Ortolani, M.D.			, THE
Address:	1430 Madison Ave			· · · · · · · · · · · · · · · · · · ·
	Daytona Beach, FL 32117			-
Director:	Neil Camera	, -		<u> </u>
Address:	101 Waterside Drive		· ·	•
	Centerville, MA 02632		<u> </u>	#
B. OFFICERS				
President:	John Ortolani, M.D.		٤ أ	
Address:				
	Daytona Beach, FL 32117			
Vice President: _				
Address:			# T	
Secretary:	Neil Camera		- ,1	
Address:	101 Waterside Drive, Centerville, MA 02630			
Treasurer:	Neil Camera		<u>-</u>	
Address:	101 Waterside Drive, Centerville, MA 02632			· · · · · · · · · · · · · · · · · · ·
	essary, you may attack an adden time to the application listing additional office	ers and	d/or directo	ors.
				_
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	f the a	application)
14	Neil Camera, Secretary/Treasurer		* - > =	- 1
	(Typed or printed name and capacity of person signing application)			

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED ENERGY MEDICINE, 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 TWENTY-THIRD DAY OF MAY, A.D. 2002.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1793521

DATE: 05-23-02

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