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### Florida Department of State

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Account Number : 075350000353 Phone : (212)431-5000 Fax Number : (212)431-1441

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## FOREIGN PROFIT QUALIFICATION

**16.8 G ULTRASOUND DIAGNOSTIC MEDICAL LABORATORY INC.** 

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# 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.

REGISTER A FORE	GM COM OWITON TO		LABORATORY INC			
. K&GULTR∕	ASOUND DIAGNOSTIC MED	CAL	LABORATORT INC.			
(Name of corporation	on; must include the word "INCORPOR ons of like import in language as will cl artnership if not so contained in the nam	eariv	indicate that it is a corporation instead of a			
. NEW YORK		_3.	(FEI number, if applicable)		<b>L</b> _	
2. (State or country w	ider the law of which it is incorporated)		•			
JULY 16, 1	1985	5.	PERPETUAL  (Duration: Year corp. will cease to exist or '	'perpetual")	<b></b>	
(Date o	1985 of incorporation)		(Duration: Year corp. Will some		0	
UPON QUA	ALIFICATION		ivers in Florida insert "upon q	ualification."	) <u>&gt;</u>	
(Date first transact	ed business in Florida. If corporation is	as not ,1501	transacted business in Florida, insert "upon q , 607.1502 and 817.155, F.S.)			الت
180 BEAC	H 118TH STREET, ROCKAW	AY I	PARK, NY 11694	111	ىك	
7	(Principal offic	e add	rcss)	<del>-</del>	<u> </u>	Ö
				——————————————————————————————————————	ä	
	(Current maili	ng ado	iress)		37	
	BU ANACTIC PROCEDI	IRE	S	:>		
8. ULTRASOL	JND DIAGNOSTIC PROCEDU	te or (	country to be carried out in state of Florida)			-
(Purpose(s	of corporation admonates in the second	~~**	: (P.O. Box or Mail Drop Box NOT acce	eptable)		
<ol><li>Name and str</li></ol>	eet address of Florida registered a	:Renr	(1.0. 201 11			
Name:	SAM GUBICH					
Office Address:	12325 VERONESE STREET	·	<del></del> .,			,- <del>-</del> <sup>-</sup>
OT1100 1 201-1-1	NORTH PORT		, Florida			
	(City)		(Zip code)			
	* *				<b>4</b> Ta = −	Jage
Assignated in th	is application, I hereo, descriptions of all s comply with the provisions of all s I familiar with and accept the oblig	tatut ation	ervice of process for the above stated con intment as registered agent and agree to es relative to the proper and complete po us of my position as registered agent.	portion at act in this C rformance	of ar	nace city. I y
	Servejon Stub	ic		•		
	(Registered	agen	'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.

BlumbergExcelsior 62 White Street New York, NY 10013

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

A. DIRECTORS		
Chairman:		
Address:		
<del></del>		
Vice Chairman:		
Address:		
Director:	SAM GUBICH	
	12325 VERONESE STREET	
	NORTH PORT, FL 34287	
	ZINA GUBICH	
	12325 VERONESE STREET	F
B. OFFICERS	.OR	
President:	ZINA GUBICH	
Address:	12325 VERONESE STREET	
<del></del>	NORTH PORT, FL 34287	_
Vice President:		
		_
Secretary:	SAM GUBICH	
	12325 VERONESE STREET, NORTH FORT, FL 34287	
	12020 VIRONEOU BIRELLYRORIN FORL, FE 34207	
Address:		
NOTE: If necessa	ry, you may attach an addendum to the application listing additional officers and/or directors.	
-	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14.	SAM GUBICH, SECRETARY	
<del></del>	(Typed or printed name and capacity of person signing application)	

BlumbergExcelsior 62 White Street New York, NY 10013

# State of New York **Department of State**

I hereby certify, that the Certificate of Incorpozation of K lpha G ULTRASOUND DIAGNOSTIC MEDICAL LABORATORY, INC. was filed on 07/16/1985, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Fax:2124311441

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.



计并给

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of August two thousand and two.

Secretary of State

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