# F02 000005427

(Requestor's Name)					
(Add	ress)				
(Add	(Address)				
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to F	ilina Officari				
Special insudctions to F	ining Onicer.				

Office Use Only



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F02-5427 QC

# TRANSMITTAL LETTER

TO: Registration Sec Division of Corp		-	
SUBJECT: Action	Medical Resources, In-	C.	
	(Name of corpora	ation - must include suffix)	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
	", and check are submitted t	for Authorization to Transact Busine to register the above referenced forei	
Please return all correspondent	ondence concerning this mai	tter to the following:	
Daniel P. McGlinn		angerig A Art	
	(Name	of Person)	
Kreis, Enderle, Ca	llander & Hudgins, P.C.	• , =	
···.== = ==	(Firm/	Company)	· · · · · · · · · · · · · · · · · · ·
One Moorsbridge	Road, PO Box 4010	<u>=</u>	
	(Ac	idress)	, , , , ,
Kalamazoo, MI 49	0003-4010		
	(City/Stat	te and Zip code)	02 74.6
	•		2 OCT
For further information of	oncerning this matter, pleas	e call:	
	•	_	FILED 79 N
Adele Watkins	at ( 269	324-3000	
(Name of Person	1) (Are	a Code & Daytime Telephone Numb	9: 3: (er) District 3:
		<u></u>	Dani S
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	ne following amount:	-	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy Cer	50 Filing Fee, tificate of Status &

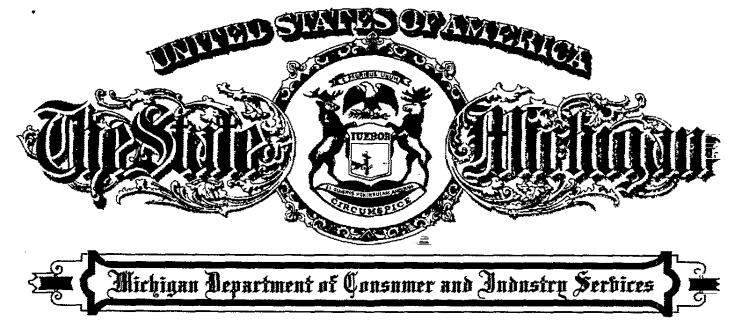
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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.

· ·	edical Resources, Inc.				
words or abbre-	oration; must include the word "INCORPORA viations of like import in language as will clear or partnership if not so contained in the name	arly indicate			_
2. Michigan		<sub>3</sub> 38-3620 <u>7</u> 86			
(State or country	under the law of which it is incorporated)	_ Y	(FEI number, if ap	plicable)	_
4. 8/30/0	1	5	Perpetual		
(Dat	e of incorporation)	(Duratio	n: Year corp. will cease	to exist or "perpetual")	_
6. Novembe	er 11, 2002	-			
(Date first transa	acted business in Florida. If corporation has r (SEE SECTIONS 607.1			ert "upon qualificat ion."	Ţ (r
<sub>7.</sub> 4382 Hei	mmingway Drive, Kalamazoo, MI	49009	- <u>-</u> -		
·	(Principal office a	address)	<del></del>		_
4382 Hei	mmingway Drive, Kalamazoo, Ml	49009	======================================	****** * ** * ** **	
	(Current mailing ad	dress)	_		_
8. employee	leasing	<u></u>	- 	·	_
(Purpose(	s) of corporation authorized in home state or	country to l	e carried out in state of F	lorida)	_ ~~~
9. Name and st	reet address of Florida registered age	nt: (P.O. l	Box or Mail Drop Box	NOT acceptable)	N
Name:	CT Corporation System	• •			92 DCT 29
Name:		<del></del>	· <b>=</b> **	SS:	29 🏞
Office Address:	1200 South Pine Island Road			mo.	
	Plantation		Florida 33324	54 54	တဲ့
	(City)	,	(Zip code)		သ
Having been na designated in thi further agree to	agent's acceptance: med as registered agent and to accept s is application, I hereby accept the appo comply with the provisions of all statut familiar with and accept the obligation	intment as es relative	s registered agent and to the proper and con	agree to act in this cap aplete performance of	e place pacity. I
	Je Mil _		Jennifer L. Gollb		
_	(Registered agent'	s signature)	Asst. Secreta	<del>7y</del>	-

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	<del>_</del> ·	
Charles D. Green	_	
Address: 4382 Hemmingway Drive		
Kalamazoo, MI 49009	<del></del>	
Vice Chairman:		
	<del>_</del>	
Address:		
Director: Randy L. Stilley	_	
602 Lorraine Court		
Longview TX 75604		· · · · · · · · · · · · · · · · · · ·
	<u>*</u>	<del></del> .
Director:	_	
Address:		
B. OFFICERS	<del></del>	
President: Charles D. Green		<u> </u>
Address: 4382 Hemmingway Drive		ec e
Kalamazoo, MI 49009		79
Vice President: Randy L. Stilley	ۇ 	
602 Lorraine Court		9: 3
Languign TV 75604		\$111 ST
Secretary:		<u></u>
	<u>-</u>	<u>.</u>
Address:		
Treasurer:	<del>-</del>	
Address:		
NOTE: If necessary, you may attach an addendum to th	e application listing additional officers and/or direc	ctors.
	iden+=	
	, or any officer listed in number 12 of the application	on)
Charles D. Green, President		
(Typed or printed name and capa	acity of person signing application)	



Lansing, Michigan

This is to Certify That

## ACTION MEDICAL RESOURCES, INC.

was validly incorporated on August 30, 2001, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of October, 2002

, Director

Bureau of Commercial Services