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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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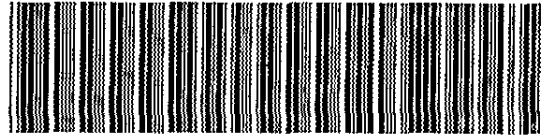
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAPS MEDICAL SERVICES, INC.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

N.A. PATEL, M.D.  
(Name of Person)

BAPS MEDICAL SERVICES, INC.  
(Firm/Company)

11321 WEBB CHAPEL ROAD  
(Address)

DALLAS TX 75229  
(City/State and Zip Code)

For further information concerning this matter, please call:

N.A. PATEL, M.D. at (214) 282-3445  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

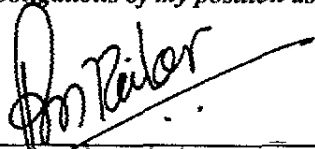
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AND  
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Enclosed is a check for the following amount:

- ☒ \$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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. BAPS MEDICAL SERVICES, INC.  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. TEXAS, USA 3. 11-3432112  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 27-3-1998 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 12-1-2002  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 11321 WEBB CHAPEL RD DALLAS TX 75229  
(Principal office address)  
11321 WEBB CHAPEL RD DALLAS TX 75229  
(Current mailing address)
8. Non-Profit - Section 501 (c) (3) - Religious, charitable, scientific, educational, medical services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: DR. PRAKASH TAYLOR  
Office Address: BAPS MEDICAL SERVICES, INC.  
1325 WEST OAKRIDGE ROAD  
ORLANDO, Florida 32809  
(City) (Zip Code)
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.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: N. A. PATEL, M.D.

Address: 11321 WEBB CHAPEL ROAD  
DALLAS TX 75229

Vice Chairman: HARSHAD BHATT, M.D.

Address: 51 HIDEWOOD PLACE  
MANHASSET N.Y. 11030

Director: JAY CHAYDA, M.D.

Address: 42 DU PONT CIRCLE  
SUGARLAND TX 77479

Director: DR. PRAKASH TAYLOR

Address: 1325 WEST OAK RIDGE ROAD  
ORLANDO FL 32809

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. N. A. PATEL, M.D.  
(Typed or printed name and capacity of person signing application)

102 NOV 12 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Gwyn Shea  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for BAPS MEDICAL SERVICES, INC. (filing number: 148443301), a Domestic Nonprofit Corporation, was filed in this office on March 27, 1998.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 18, 2002.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State