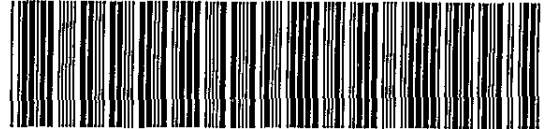


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03 OCT 15 PM 2:00

CLERK OF STATE
TALLAHASSEE, FLORIDA



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10/15/03--01034--001 **\$7.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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03 OCT 15 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: MEDISCAN SERVICES, INC.
(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 all correspondence concerning this matter to the following:

JIM ROSENSTEEL
(Name of Person)
MEDISCAN SERVICES, INC.
(Firm/Company)
285 MOSES CREEK BLVD.
(Address)
ST. AUGUSTINE, FL 32086
(City/State and Zip code)

For further information concerning this matter, please call:

JIM ROSENSTEEL at (904) 794-9487
(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 ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MEDISCAN SERVICES, INCORPORATED SECRETARY OF STATE
TALLAHASSEE, FLOR

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. JULY 7, 2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 285 MOSES CREEK BLVD.

(Principal office address)

ST. AUGUSTINE, FL 32086

(Current mailing address)

8. SAM AS ABOVE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: LESLIE JIM ROSENSTEEL

Office Address: 285 MOSES CREEK BLVD.

ST. AUGUSTINE

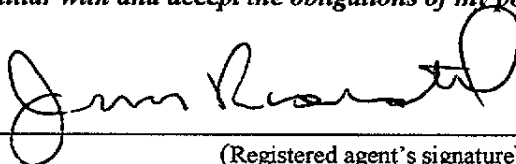
(City)

, Florida 32086

(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.

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

A. DIRECTORS

Chairman: JIM ROSENSTEEL
Address: 285 MOSES CREEK BLVD.
ST. AUGUSTINE, FL 32086

Vice Chairman: FRANK FUNK
Address: 14409 29th ROAD
LAKE CITY, FL 32024

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FRANK FUNK
Address: 14409 29th ROAD
LAKE CITY, FL 32024

Vice President: JIM ROSENSTEEL
Address: 285 MOSES CREEK BLVD.
ST. AUGUSTINE, FL 32086

Secretary: JOAN ROSENSTEEL
Address: 285 MOSES CREEK BLVD. ST AUGUSTINE, FL 32086

Treasurer: PAULA FUNK
Address: 14409 29th RD. LAKE CITY, FL 32024

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

JAMES ROSENSTEEL, VICE PRESIDENT

(Typed or printed name and capacity of person signing application)

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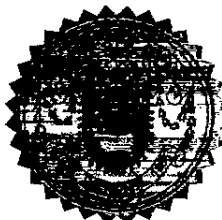
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDISCAN SERVICES, 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-SIXTH DAY OF SEPTEMBER, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3679212 8300

AUTHENTICATION: 2656596

030581952

DATE: 09-26-03