

F040000002342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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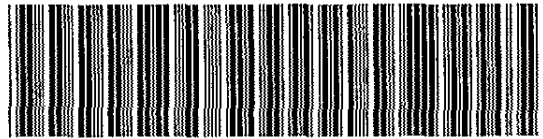
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 APR 29 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
04 APR 29 AM 10:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Medical Consultants Network, Inc.

APR 29 2004
 2:28 PM
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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Medical Consultants Network, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Washington**

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

3. **91-1286821**

(FEI number, if applicable)

4. **April 5, 1985**

(Date of incorporation)

5. **Perpetual**

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

6. **03-01-04**

(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. **1200 6th Avenue, Suite 1800, Seattle, WA 98101**

(Principal office address)

1200 6th Ave, #1800, Seattle, WA 98101 (FL address 14502 N Dale Mabry HWY #20, Tampa FL 33618)

(Current mailing address)

INDEPENDENT

8. **Medical Evaluations**

(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: **NRAI Services, Inc.**

Office Address: **526 E. Park Avenue**

Tallahassee

(City)

, Florida **32301**

(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.



Carol Shelton - Asst. Secretary

(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: Brian L. Grant, M.D.

Address: 1200 6th Avenue, Suite 1800

Seattle, WA 98101

Vice Chairman: N/A

Address: _____

Director: Paul Mayar

Address: 1200 6th Avenue, Suite 1800

Seattle, WA 98101

Director: _____

Address: _____

B. OFFICERS

President: Brian L. Grant, M.D.

Address: 1200 6th Avenue, Suite 1800

Seattle, WA 98101

Vice President: Brian L. Grant, M.D.

Address: 1200 6th Avenue, Suite 1800

Seattle, WA 98101

Secretary: Brian L. Grant, M.D.

Address: 1200 6th Avenue, Suite 1800, Seattle, WA 98101

Treasurer: N/A

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Brian L. Grant, M.D., President

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

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
MEDICAL CONSULTANTS NETWORK INC.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 4/5/1985.

I FURTHER CERTIFY that as of the date of this certificate, MEDICAL CONSULTANTS NETWORK INC. remains active and has complied with the filing requirements of this office.

Date: March 30, 2004

UBI: 600-570-881



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State