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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Association of Medical Dosimetrists	
(Name of Corporation – must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Affairs in Florida", "Certificate of Existence", and check are submitted to register the a not for profit corporation to conduct its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
Randall Merrill, Treasurer	
(Name of Person)	·
American Association of Medical Dosimetrists	
(Firm/Company)	
740 NE 11th Avenue	SECRETARIA TI
(Address)	TAR ASS
Ocala, FL 34470-5916	SEC 3
(City/State and Zip Code)	Tag O
For further information concerning this matter, please call:	3 07 TATE
Randall Merrill at ( 352 ) 622-7579	
(Name of Person) (Area Code & Daytime Telephon	e Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$8.75	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. American	Association	of Medical Do	simetrists,	Incorpora	ated				
(Name of corpo in language as present. "Comp	oration: must incl will clearly indica pany" or "Co." m	ude the word "INC ate that it is a corpo any not be used as a	ORPORATE oration instead a corporate suf	or "COR of a natural fix by a non	PORATION person or pa profit corpor	" or words our artnership if ation.)	r abbreviati not so conta	ions of ained in	like import the name at
Chain of C	<b>~~~~</b>			56-1374	863				
(State or count	ry under the law	of which it is incom	rporated)		()	El number,	i applicabl	e}	
4. Septemb	er 16, 1975	oration)	5.	Perpetu	al				
	(Date of Incorpo	ration)		(Durati	on: Year co	p. will cease	to exist or	"perpe	tual")
6. March, 2									
(Date co	rporation first cor	nducted Affairs in	Florida - See s	ections 617.	1501, 617.1.	502, and 817	7.155, F.S.)		
7. One Phy	/sics Ellipse	College Park	c, MD 2074	0					
740 NE	11th Avenue	Ocala, FL 34		,			<u></u>		
			(Current mai	ling address	)		F 22 :		
8. Open ba		nts in Florida					CRET		
	(Purpose(s) of c	orporation authoriz	zed in home st	ate or countr	y to be carri	ed out in the	state of Flo	mida)	÷
9. Name and <u>st</u>	reet address of	Florida registe	red agent: (I	P.O. Box or	Mail Drop	Box NOT	acceptable	eD	
Name:	Randall Mer	rill, Treasurer		<del>.</del> .			TO STATE	بب 0 ا	***************************************
		h Avenue		_			,0 -		
	Ocala			, Florida _	34470-5	5916			- '
		(City)	<del>.</del> .			(Zip Code	)	_	
designated in I further agr	named as regis this application ree to comply wi	tance: stered agent and n, I hereby accep ith the provision th and accept the	ot the appoin s of all statu	tment as re les relative	egistered ag to the prot	gent and ag per and con	ree to act iplete peri	in this	capacity.
		Λ	1						

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.

Handall Hern'l Mawler (Registered agent's signature)

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

## A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	75 2
B. OFFICERS	ECRET HAY
President: Rudi J. Bertrand	
Address: 4431 McPherson Avenue	
St. Louis, MO 63108-4189	65 w
Vice President: Keith Moore	<u> </u>
Address: 5835 West Sunset Avenue	
Springdale, AR 72762	
Secretary: Nishele Lenards	
Address: 2831 South Shore Drive Prior Lake, MN 55372	
Treasurer: Randall Merrill	
Address: 740 NE 11th Avenue Ocala, FL 34470-5916	
NOTE: If necessary, you may attach an addendum to the application listing addition to the application to the application listed in the application to the ap	
14. (Typed or printed name and capacity of person signing a	pplication)

#### **CERTIFICATE**

## State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS

was

incorporated under the Oregon

Nonprofit Corporation Act

on

September 16, 1975

and is active on the records of the Corporation Division as of the date of this certificate.

SECRETARY OF STATE
ALLAHASSEE, FLCKIEA



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By

Debra L. Virag March 24, 2004

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