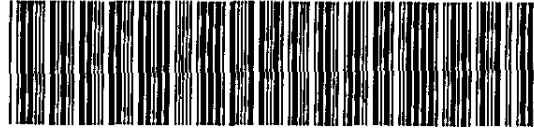


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2004 JUN -4 P 1:52

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400037568774

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

04 04 04--01031--018 \*\*78.75

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

2004 JUN -4 P 1:52

**TO:** Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: Hallmark Medical Imaging 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:

**Carolyn H Maxton**

(Name of Person)

**Whitley, Maxton and Company, PLLC**

(Firm/Company)

**PO Box 99790**

(Address)

**Raleigh NC 27624-9790**

(City/State and Zip code)

For further information concerning this matter, please call:

**Carolyn H Maxton**

(Name of Person)

at (919) 872-5094

(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

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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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Hallmark Medical Imaging Inc**

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

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

2. **Alabama**

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

3. **14-1880730**

(FEI number, if applicable)

4. **April 14, 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. **1006 County Road #82 Cedar Bluff AL 35959**

(Principal office address)

**1006 County Road #82 Cedar Bluff AL 35959**

(Current mailing address)

8. **Medical Equipment Sales**

(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: **Michael Asmer**

Office Address: **9216 Palm River Dr**

**Tampa**

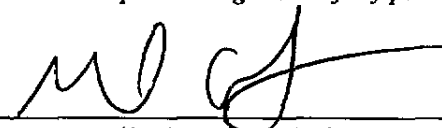
(City)

, Florida **33619**

(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: Kirk W. Hall

Address: 1006 County Road #82

Cedar Bluff AL 35959

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Kirk W. Hall

Address: 1006 County Road #82

Cedar Bluff AL 35959

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

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

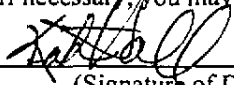
Secretary: Kirk W. Hall

Address: 1006 County Road #82 Cedar Bluff AL 35959

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

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. Kirk W. Hall - President  
(Typed or printed name and capacity of person signing application)

**FILED**

2004 JUN -4 P 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nancy L. Worley  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

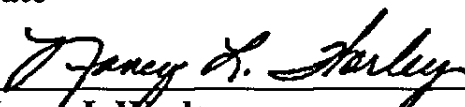
I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Hallmark Medical Imaging, Inc. incorporated in Cherokee County, Cedar Bluff, Alabama on April 14, 2003. I further certify that the records do not disclose that said Hallmark Medical Imaging, Inc. has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 20, 2004

Date

  
Nancy L. Worley

Secretary of State

