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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305) 379-7907
Fax Number : (305) 402-3141

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Clinical Ventures Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Ventures 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:

Paul Vouk
(Name of Person)

Clinical Ventures Inc.
(Firm/Company)

3021 State Road 590 #337
(Address)

Clearwater, FL 33759
(City/State and Zip code)

For further information concerning this matter, please call:

Paul Vouk at (727) 776-2313
(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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TALLAHASSEE, FLORIDA

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

H05000030397

**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.**

1. Clinical Ventures 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. Delaware 3. 20-1931739
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 11/19/04 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2979 Barley Mill Road Yorklyn, DE 19736
(Principal office address)
3021 State Road 590 #337 Clearwater, FL 33759
(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 NOT acceptable)

Name: Florida Incorporators, Inc.
Office Address: 8875 Hidden River Pkwy Ste. 300
Tampa, FL 33637, Florida
(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.

Florida Incorporators, Inc.

By: Mark Hankins
(Registered agent's signature)

Mark Hankins, President

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: H05000030397

Florida Incorporators, Inc. 8875 Hidden River Pkwy Ste. 300 Tampa, FL 33637 *813-632-7882

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TALLAHASSEE, FLORIDA

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FEB-03-2005 THU 12:27 AM NetWolves Corporation

FAX NO. 813 491 0212

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A. DIRECTORS

Chairman: Ben Vouk

Address: 31 Elizabeth St #302

Worcester, MA 01605

Vice Chairman: Paul Vouk

Address: 3021 State Road 590 #337

Clearwater, FL 33759

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ben Vouk

Address: 31 Elizabeth St #302

Worcester, MA 01605

Vice President: Paul Vouk

Address: 3021 State Road 590 #337

Clearwater, FL 33759

Secretary: _____

Address: _____

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. Paul Vouk - Vice President

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

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TALLAHASSEE, FLORIDA

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2/4/2005 3:57 PM FROM: Fax Florida Incorporators, Inc. TO: 18502050383 PAGE: 005 OF 005
FEB-03-2005 THU 12:27 AM NetWolves Corporation FAX NO. 813 491 0212

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1-18-05: 5:18PM:

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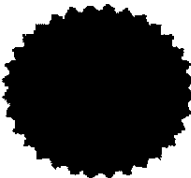
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLINICAL VENTURES 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 EIGHTEENTH DAY OF
JANUARY, A.D. 2005.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

DATE: 01-18-05

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