

FD 5000002067

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(Address)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri State Xray Corp. d/b/a/ Budget Xray Company
(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:

Michele Chiulli
(Name of Person)

Tri State Xray Corp. d/b/a/ Budget Xray Company
(Firm/Company)

488 Kings Highway
(Address)

Valley Cottage, New York 10989
(City/State and Zip code)

For further information concerning this matter, please call:

Dennis L. Chiulli at (845) 268-9100
(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

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2005

MICHELE CHIULLI
TRI STATE X-RAY CORP.
488 KINGS HIGHWAY
VALLEY COTTAGE, NY 10989

SUBJECT: TRI STATE X-RAY CORP.
Ref. Number: W05000012878

We have received your document for TRI STATE X-RAY CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

In order to transact business in Florida under a name other than the name as it appears on your certificate in Florida, you must file a Fictitious Name application. The name in line 1 of your application must appear exactly as it does on the certificate described in the paragraph above.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 505A00016976

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TALLAHASSEE, FLORIDA

**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. Tri State X-RAY CORP.
(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. New York 3. 13-3786539
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 24, 1994 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. 488 Kings Highway, Valley cottage, New York 10989
(Principal office address)

488 Kings Highway, Valley cottage, New York 10989
(Current mailing address)

8. To sell medical and xray supplies to the State of Florida
(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: ~~Sal. Caro~~ SALVATORE J. CARO

Office Address: 8719 Forest Hills Blvd.
Coral Springs, Florida 33065
(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.


(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:

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: Michele Chiulli

Address: 488 Kings Highway

Valley Cottage, New York 10989

Vice Chairman: Dennis L. Chiulli

Address: 488 Kings Highway

Valley Cottage, New York 10989

Director: n/a

Address: _____

Director: n/a

Address: _____

B. OFFICERS

President: Michele Chiulli

Address: 488 Kings Highway

Valley Cottage, New York 10989

Vice President: _____

Address: _____

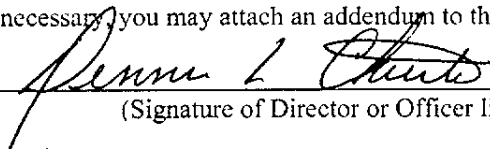
Secretary: Dennis L. Chiulli

Address: 488 Kings Highway, New York 10989

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. DENNIS L CHIULLI
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of TRI STATE X-RAY CORP. was filed on 09/09/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 21st day of March
two thousand and five.*



Secretary of State

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