ision of Corporations

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Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Ohio Medical Corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

07/01/05

Electronic Filing Menu Corporate Filing Public Access Help

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. Ohio Medical Corporation
(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 (State or country under the law of which it is incorporated)
3. 33-1119787 (FEI number, if applicable)

4. June 10, 2005 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

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

7. 287 Bowman Avenue, Third Floor, Purchase, NY 10577
(Principal office address)

c/o Wildman Harrold -John Eisel, 225 W. Wacker Dr., Chicago,IL,60606
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Law, as amended.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

CT Corporation System
By: Lauren Blue Assistant 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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Michael Tokarz

Address: 287 Bowman Avenue, Third Floor, Purchase, NY 10577

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Michael Tokarz

Address: 287 Bowman Avenue, Third Floor, Purchase, NY 10577

_____

Vice President: David Hadani

Address: 287 Bowman Avenue, Third Floor, Purchase, NY 10577

_____

Secretary: David Hadani

Address: 287 Bowman Avenue, Third Floor, Purchase, NY 10577

Treasurer: _____

Address: _____

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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. David Hadani, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OHIO MEDICAL CORPORATION" 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2005.

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05 JUN 30 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3983824 8300
030537104

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3984263
DATE: 06-28-05