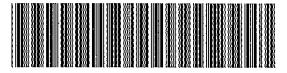
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TUSISHT DIASNOSTICS TUCUARCIALTED (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:
ROBERT J. NAPLES (Name of Person)
(Name of Person)
TNSIGHT DIASNOSTICS TNORMATED (Firm/Company)
7725 PRESERVE DRIVE (Address)
WEST PALM BEACH FL 3341V (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
ROBERT T NAPLES at (561) (e30 - 4723 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 & ☐ \$87.50 Filing Fee, Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 18, 2005

ROBERT J. NAPLES INSIGHT DIAGNOSTICS INCORPORATED 7725 PRESERVE DRIVE WEST PALM BEACH, FL 33412

SUBJECT: INSIGHT DIAGNOSTICS INC.

Ref. Number: W05000051751

We have received your document for INSIGHT DIAGNOSTICS INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 405A00068393

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. (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) DELAWARE 3. 20 - 360 7/16

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation)

5. ONS....
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) PRESERVE DR WEST PALM BEACH, FL 3341~
(Principal office address) PRESERVE DR WEST PARM BEALLY FL. 33412 MEDICAL EQUIPMENT SOFT TISSUE DIAGNOSTICS (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: 25 PRESERVE DRIVE Office Address: WEST PALM BEACH, Florida 33412 (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 daly 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:

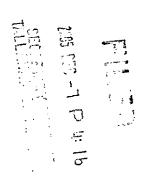
A. DIRECTORS
Chairman: ROBENT J. NAPLES
Address: 7725 PRESERVE DRIVE WEST PARM BEACH, FL 33412
Vice Chairman:
Address:
Director: Dr. MANY ROSE CUSIMANIO
Address: 3658 N. RAWCIto DR.
LAN VEGAS NV 89130
Director: PHIL REASTON
Address: 3658 H. RAWCHO DR
LAS VESAS NV. 89130
B. OFFICERS
President: ROBERT J. NAPLES
Address: 7725 PRESERVE DRIVE WEST PALM BEACH, FL 33412
Vice President: DR MARY ROSE CUS, MANO
Address: 3658 N. RANCHO DR
LAS VESAS, NV 89130
Secretary: PHIL REASTON
Address: 3658 N. RANCINO DR LOS VESAS NV 89130
Treasurer: RICHARD J BRANDON
Address: HIN FIRST AVE MANASQUAN N.J. 08736 5
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. ROBERT J. NAPLES
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSIGHT DIAGNOSTICS 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 THIRTIETH DAY OF NOVEMBER, A.D. 2005.





Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4332180

-- DATE: 11-30-05

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