

F050000007351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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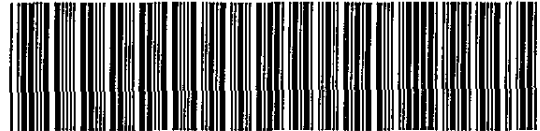
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F05-7351
CR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEPLOYED MEDICAL SOLUTIONS, 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:

LUCY ELIAS

(Name of Person)

CORPORATE SERVICES OF AMERICA

(Firm/Company)

726 S CASINO CENTER BLVD. #207

(Address)

LAS VEGAS, NV 89101

(City/State and Zip code)

For further information concerning this matter, please call:

LUCY ELIAS

(Name of Person)

at (702) 214-9400

(Area Code & Daytime Telephone Number)

PLEASE FEDEX ^{FILED} DOCS USING ACCOUNT 244309305

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. DEPLOYED MEDICAL SOLUTIONS, 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. NEVADA

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

3. 05-0608328

(FEI number, if applicable)

4. 09/03/2004

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 4550 POST OAK PLACE SUITE 175, HOUSTON, TX 77027

(Principal office address)

4550 POST OAK PLACE SUITE 175, HOUSTON, TX 77027

(Current mailing address)

8. Operation and management of facility to acquire, use and operate the ExAblate 2000 surgical system for any and all clinical and educational procedures approved by FDA

(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: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 1333 N DUVAL STREET

TALLAHASSEE

(City)

, Florida 32303

(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.

Alondra Navano Alondra Navano, 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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: CHARLES S. COHEN

Address: 4550 POST OAK PLACE SUITE 175
HOUSTON, TX 77027

Vice Chairman: ROBERT J. HORN

Address: 4550 POST OAK PLACE SUITE 175
HOUSTON, TX 77027

Director: MARC H. NATHAN

Address: 4550 POST OAK PLACE SUITE 175
HOUSTON, TX 77027

Director: _____

Address: _____

B. OFFICERS

President: CHARLES S. COHEN

Address: 4550 POST OAK PLACE SUITE 175
HOUSTON, TX 77027

Vice President: _____

Address: _____

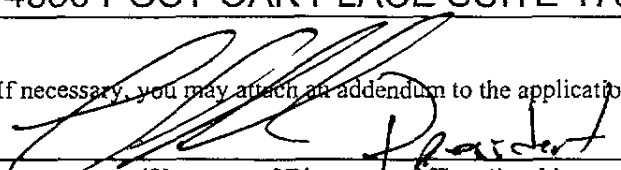
Secretary: MARC H. NATHAN

Address: 4550 POST OAK PLACE SUITE 175, HOUSTON, TX 77027

Treasurer: ROBERT J. HORN

Address: 4550 POST OAK PLACE SUITE 175, HOUSTON, TX 77027

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. CHARLES S. COHEN, PRESIDENT

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

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DEPLOYED MEDICAL SOLUTIONS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 3, 2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 7, 2005.

DEAN HELLER
Secretary of State

By

Certification Clerk