

F07000002046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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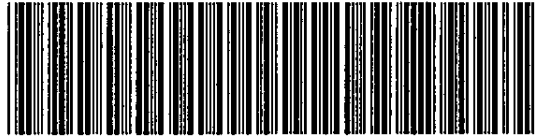
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 17 2007



JACKSON WALKER L.L.P.
ATTORNEYS & COUNSELORS

Virginia C. Alverson
(713) 752-4575 (Direct Dial)
(713) 308-4114 (Direct Fax)
valverson@jw.com

April 13, 2007

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Urosource Mobile Medical Solutions, Inc.

To Whom it May Concern:

Enclosed for filing is the following:

1. **Urosource Mobile Medical Solutions, Inc.** – Application by Foreign Corporation for Authorization to Transact Business in Florida (with Cover Letter)

Per your request, enclosed is a certificate of good standing for said entity indicated above.

Also enclosed is a check payable to the Florida Department of State in the amount of \$87.50 to cover the filing fee, certificate of status and certified copy. Please certify the enclosed copy and return said copy back to me at the address listed above in the enclosed envelope.

Thank you for your assistance in this matter

Sincerely,

Virginia C. Alverson

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VCA:tb
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Urosource Mobile 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:

Wayne Bruce

(Name of Person)

(Firm/Company)

2601 Kentucky Street

(Address)

Pampa, TX 79065

(City/State and Zip code)

For further information concerning this matter, please call:

Virginia Alverson

(Name of Person)

at (713) 752-4575

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. Urosource Mobile 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. Texas

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

3. _____

(FEI number, if applicable)

4. September 1, 2005

(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. _____

(Principal office address)

2601 Kentucky Street, Pampa, TX 79065

(Current mailing address)

8. To provide cryotherapy services.

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

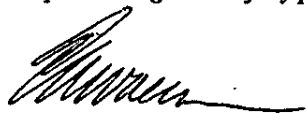
(City)

, Florida 33324

(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)

E.A. Wallace
Assistant Secretary

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sharon Dibble

Address: 2601 Kentucky Street, Pampa, TX 79065
Pampa, TX 79065

Vice President: Wade Bruce

Address: 2601 Kentucky Street
Pampa, TX 79065

Secretary: Wayne Bruce

Address: 2601 Kentucky Street, Pampa, TX 79065

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Wayne Bruce

(Signature of Director or Officer listed in number 12 of the application)

14. Wayne Bruce, Secretary

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

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TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Urosource Mobile Medical Solutions, Inc. (file number 800539821), a Domestic For-Profit Corporation, was filed in this office on September 01, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 10, 2007.



A handwritten signature of Roger Williams in black ink.

Roger Williams
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

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Document: 166535860003