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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Surgicare Medical Products, Corp.
(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:

Anthony Figueroa
(Name of Person)

United Accounting Services, Inc.
(Firm/Company)

11980 S.W. 144 Court Suite 111
(Address)

Miami, FL 33186
(City/State and Zip code)

For further information concerning this matter, please call:

Anthony Figueroa at (305) 439-7261
(Name of Person) (Area Code & Daytime Telephone Number)

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. Surgicare Medical Products 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. Puerto Rico (State or country under the law of which it is incorporated) 3. 66-0665562 (FEI number, if applicable)

4. September 26, 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. 11980 S.W. 144 Court Suite 111 Miami FL 33186 (Principal office address)

11980 S.W. 144 Court Suite 111 Miami FL 33186 (Current mailing address)

8. Wholesaler of Medical Products. (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: Anthony Figueroa

Office Address: 11980 S.W. 144 Court Suite 111 Miami, Florida 33186 (City) (Zip code)

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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:

A. DIRECTORS

Chairman: Anthony Figueroa

Address: 11980 S.W. 144 Court Suite 111
Miami, FL 33186

Vice Chairman: —

Address: _____

Director: —

Address: _____

Director: —

Address: _____

B. OFFICERS

President: Anthony Figueroa

Address: 11980 SW. 144 Court Suite 111
Miami, FL 33186

Vice President: —

Address: —

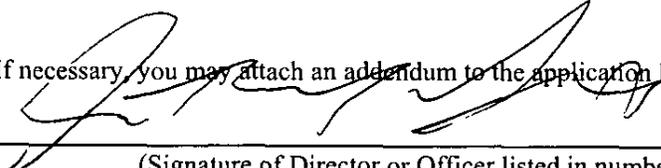
Secretary: Anthony Figueroa

Address: 11980 S.W. 144 Court Suite 111 Miami FL 33186

Treasurer: Anthony Figueroa

Address: 11980 S.W. 144 Court Suite 111 Miami FL 33186

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. Anthony Figueroa

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



**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO**

I, **FERNANDO J. BONILLA**, Secretary of State the Department of State of the Commonwealth of Puerto Rico,

CERTIFY: That "SURGICARE MEDICAL PRODUCTS CORP." register number **156,507** is a profit corporation organized under the laws of Puerto Rico on **September 26, 2005 at 11:06 a.m.**

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.01 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by laws, hereby issue this certificate in the City of San Juan, Puerto Rico today **January thirty-first of the year two-thousand and eighth.**

A handwritten signature in black ink, appearing to read "Fernando J. Bonilla".

FERNANDO J. BONILLA
Secretary of State

FJB/rsr
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