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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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## JOSEPH T. MOLIERI, JR.

ATTORNEY AT LAW 1974 SPROUL ROAD, SUITE 204 BROOMALL, PA 19008 (610) 356-1123 FAX: (610) 356-1655

Via Fed Ex # 7985-0020-8546

August 22, 2008

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

RE:

Biomed PA, Inc., a Pennsylvania corporation

Foreign Authorization

Dear Madam/Sir:

Enclosed please find a completed and executed "Application by Foreign Corporation for Authorization to Transact Business in Florida" which I request be filed with the Division of Corporations. I have also enclosed a completed Cover letter and a check in the amount of \$78.75 made payable to "FL Dept of State, representing the \$70.00 filing fee and the \$8.75 Certified copy fee.

Finally, I am enclosing a Certificate of Existence from the Pennsylvania Department of State.

Kindly process the enclosed document and provide this office with a letter of acknowledgement and a certified copy of the application.

Please FedEx the requested documents back to me. To facilitate the return of the documents I have enclosed a prepaid Return FedEx AirBill.

Should you have any questions or require any additional information please do not hesitate to contact me.

JTM/

Enclosures: as stated.

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Biomed PA, Inc.	
	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	ter to the following:
Joseph T. Molieri, Jr.	
(Name	of Person)
(Firm/	Company)
1974 Sproul Road, Suite 204	Sompany)
	idress)
Broomall, PA 19008	
(City/Stat	e and Zip code)
For further information concerning this matter, please	e call:
Joseph T. Molieri, Jr. at ( 610	, 356-1123
	a 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 & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2008

JOSEPH T. MOLIERI, JR. 1974 SPROUL ROAD, SUITE 204 BROOMALL, PA 19008

SUBJECT: BIOMED PA, INC. Ref. Number: W08000039804

We have received your document for BIOMED PA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please use only one suffix. (P.A. OR INC.)

Please return the corrected original and one copy of your document, along with 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 908A00047534

# 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. Biomed P.	A, Inc.					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	•		
Biomed	d PA (Pennsylvania), Ind	c.				
(If name unavaila	able in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting busing	ness in Fl	orida)	
<sub>2.</sub> Pennsylva	nia	<sub>3.</sub> 26-0377306				
	under the law of which it is incorporated)	•	(FEI number, if applicable	)		
4. June 11, 2	2007	5.	perpetual			
	of incorporation)		(Duration: Year corp. will cease to exist	or "perpet	tual")	
<sub>6.</sub> upon quali	fication					
0E0 Coloor	(SEE SECTIONS 607.1501 & 607	.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)			
7. 950 Calcol	n Hook Road, Suite 15, Sha (Principal office a					
OSO Calco	•		·	, and		
950 Calcol	n Hook Road, Suite 15, Sha (Current mailing a			20	8	
	(Current marining a	uu	ess)	CRE	33	
8. healthcare	<b>:</b>			TAS TAT	1	-
	) of corporation authorized in home state or	co	untry to be carried out in state of Florida)		PM	-
9. Name and stree	t address of Florida registered agent: (F	P.O	. Box NOT acceptable)	FLC	က္ပံ	
Name:	Corporation Service Com	pa	<u>any</u>	FLORID/	00	
Office Address:	1201 Hayes Street					
	Tallahassee		, Florida 32301			
	(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.

Mul Clause Michael Cambareri
(Registered agent's signature)

Asst. Vice President

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:	FILED
A. DIRECTORS	U8 cm
Chairman: Michael P. Moran	08 SEP -4 PM 5: 00
Address: 1660 Walt Whitman Road	SECRETARY OF STATE FALLAHASSEE, FLORIDA
Suite 105, Melville, NY 11747	
Vice Chairman:	
Address:	
Director: Stephen A. Maggio	
Address: 1660 Walt Whitman Road	
Suite 105, Melville, NY 11747	
Director:	
Address:	
B. OFFICERS	
President: Michael P. Moran	
Address: 1660 Walt Whitman Road, Suite 105, Melville, NY 1174	47
Vice President:	
Address:	
Secretary: Stephen A. Maggio	
Address: 1660 Walt Whitman Road, Suite 105, Melville, NY 1174	47
Treasurer: Stephen A. Maggio	
Address: 1660 Walt Whitman Road, Suite 105, Melville, NY 1174	<b>17</b>
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application of the appli	on)
STROKEN A. Mari	···,
(Typed or printed name and capacity of person signing application	n)

OBSEP-4 PH 5: 00

COMMONWEALTH OF PENNSYLVANIA SECRETARY OF STATE FLORIDA

## DEPARTMENT OF STATE

### **AUGUST 14, 2008**

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# BIOMED PA, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth