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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ACTIVE MEDICAL EQU	HPMEHT, INC	
	ation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all correspondence concerning this ma	tter to the following:	
KAMRAN SYED		
(Name	e of Person)	
ACTIVE MEDICAL EQUIP	MENT INC	
(1 11111	Company)	
San Diego, CA 92115 (City/Sta	£	
(A	ddress)	
San Diego, CA 92115	·	
(City/Sta	ate and Zip code)	
For further information concerning this matter, please Suyan Syed at (Ar		
(Name of Person) (Ar	ea 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 \$\ \tag{Certificate of Status}	\$78.75 Filing Fee & Sertified Copy Sertified 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.

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Elso El Cajon Blad, #f San Diego, CA 92115 (Principal office address) (Current malling address) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida)	Call Laure		dopted for the purpose of tran	sacting business in Florida)	
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current malling address) (Purpose(s) of corporation suthorized in home state or country to be carried out in state of Florida) (Name: Incorp Selvices, Inc. Office Address: 17888 6.7th Court North Loxahatchee Florida 33470 (City) (City) (City) (City) Florida above stated corporation at the place			3625553A	(Canadian bla)	-
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Having been named as registered agent and to accept service of process for the above stated corporation at the place		(City)	(Zip code)	Ë	A.
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declarated to this continuities. I beneke account the consistences as accident accept and consistent accident this consiste. T	Having been named as regi	istered agent and to accept service	e 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,	uescandiad an inis ummaini	on, a mereny accept the appointme Is the provisions of all statutes re	ent as registered agent and lative to the proper and co	i agree so acs in inis capa molete nerformance of m	CHy. 1 n. duties
and I am familiar with and accept the obligations of my position as registered agent.	further agree to comply with				, 14401450)
	further agree to comply with				
Lanice July on behalf of Incorn Sonings Ing	further agree to comply wit				

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.

(Registered agent's signature)

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

A. DIRECTORS
Chairman: KAMRAN SYED
Address: 7160 M1 Veinon St
Lemon Giove, CA 91945
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Address.
President: KAMRAN SYED Address: 7160 MH Veinon SH Lemon Grove, CA 91945 Vice President:
Secretary: KAMRAN SYED
Address: TIGO MT Vernon St, Lemon Giove, CA 91945.
Treasurer: KAMRAN SYED
Address: 7160 My Vernon St, Lemon Riove, CA 91945.
NOTE: If needstary, 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)
(Signature of Director of Officer listed in number 12 of the application) [KAMRAN SYED President
(Typed or printed name and capacity of person signing application)

State of California Secretary of State

FILED

08 NOV 24 PM 12: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

ACTIVE MEDICAL EQUIPMENT INC.

FILE NUMBER:

C2592377

FORMATION DATE: TYPE:

11/09/2005 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I. DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 12, 2008.

DEBRA BOWEN
Secretary of State