

FILED
2009 MAY -5 P 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AssistMed 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:

Daria Kokhanenko
(Name of Person)

AssistMed Inc.
(Firm/Company)

7095 Hollywood Blvd, Suite 690
(Address)

Los Angeles, CA 90028
(City/State and Zip code)

For further information concerning this matter, please call:

Daria Kokhanenko at (310) 887.3604
(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. AssistMed Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

n/a

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

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

3. 95-4792853

(FEI number, if applicable)

4. 2/4/2000

(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. 499 Canon Drive, Suite 404, Beverly Hills, CA 90218

(Principal office address)

7095 Hollywood Blvd, Suite 690, Los Angeles, CA 90028

(Current mailing address)

8. To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California.

(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: Joe Weber

Office Address: 484 Savoie Drive

Palm Beach Gardens, Florida 33410

(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.

(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.

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

A. DIRECTORS

Chairman: Leonardo Berezovsky
Address: 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

Vice Chairman: n/a
Address: _____

Director: Leonardo Berezovsky
Address: 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

Director: Raul Kivatinetz
Address: 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

B. OFFICERS

President: Raul Kivatinetz
Address: 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

Vice President: _____
Address: _____

Secretary: Raul Kivatinetz
Address: 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

Treasurer: _____
Address: _____

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. Raul Kivatinetz/ COO and President
(Typed or printed name and capacity of person signing application)

Names and complete addresses of the following officers:

Leonardo Berezovsky/ CEO and Chairman- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210
Raul Kivatinetz/ COO and President- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

Names and complete addresses of all directors, including directors who are also officers:

Leonardo Berezovsky- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210
Raul Kivatinetz- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210
Robert Snukal- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210
Yuval Bar- Zemer- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210
A. Thomas Griffis- 499 N Canon Dr., Suite 404, Beverly Hills, CA 90210

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASSISTMED, INC.

FILE NUMBER: C2186279
FORMATION DATE: 02/04/2000
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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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 April 21, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State