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09 MAY -6 AM 11:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

90912-607

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DATE: 05-06-09

NAME: MEDIVEST ALLOCATION SERVICES, INC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: CK FOR \$4,687.50 ATTACHED

RETURN: GOOD STANDING & CERT. COPY

ACCOUNT: ~~FCA000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medivest Allocation Services, 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:

Douglas M. Brand

(Name of Person)

Medivest Allocation Services, Inc.

(Firm/Company)

351 Paseo Nuevo

(Address)

Santa Barbara, CA 93101

(City/State and Zip code)

For further information concerning this matter, please call:

Douglas M. Brand

(Name of Person)

at (805) 965-4001

(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

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TALLAHASSEE, FLORIDA

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**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. Medivest Allocation Services, 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. California

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

3. 20-3655686

(FEI number, if applicable)

4. 10/13/2005

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/13/2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2100 N. Alafaya Trail, Suite 201, Oviedo, FL 32765

(Principal office address)

2100 N. Alafaya Trail, Suite 201, Oviedo, FL 32765

(Current mailing address)

8. Medicare consulting

(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: **Douglas L. Shaw**

Office Address: **2100 N. Alafaya Trail, Suite 201**

Oviedo, Florida **32765**

(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: Douglas M. Brand
Address: 351 Paseo Nuevo
Santa Barbara, CA 93101

Vice Chairman: Donald A. Bennett
Address: 351 Paseo Nuevo
Santa Barbara, CA 93101

Director: Terri Laurin Bennett
Address: 351 Paseo Nuevo
Santa Barbara, CA 93101

Director: _____
Address: _____

B. OFFICERS

President: Douglas M. Brand
Address: 351 Paseo Nuevo
Santa Barbara, CA 93101

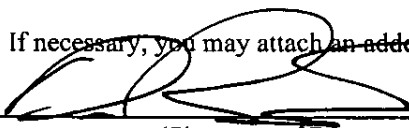
Vice President: _____
Address: _____

Secretary: Donald A. Bennett
Address: 351 Paseo Nuevo, Santa Barbara, CA 93101

Treasurer: Donald A. Bennett
Address: 351 Paseo Nuevo, Santa Barbara, CA 93101

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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. Donald A. Bennett, Director (CFO & Secretary)
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MEDIVEST ALLOCATION SERVICES, INC.

FILE NUMBER: C2805781
FORMATION DATE: 10/13/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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 23, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State