

109000002119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1.150.00
W09-18452



700150264157

04/17/09--01031--020 **87.50

05/27/09--01004--002 **1150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 PM 2:17

MD 5/27

April 16, 2009

Via Federal Express
797512852097

Florida Department of State
Division of Corporations
2661 W. Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

Attn: New Filing Section

Re: AXCESS MEDICAL IMAGING CORPORATION
Certificate of Authority

Dear Sir or Madam:

Enclosed herewith for filing is the Application by Foreign Corporation for Authorization to Transact Business in Florida, a certificate of existence from the Delaware Secretary of State, and our check in the amount of \$87.50 to cover the cost of filing (\$70), a Certificate of Status (\$8.75), and a certified copy of the filing (\$8.75).

Please forward a certified copy of the filing and a Certificate of Status to the undersigned in the prepaid Federal Express envelope provided.

Thank you.

Regards,



Mary Caskadon
Compliance Officer

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Axcess Medical Imaging Corporation
(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:

Mary Caskadon

(Name of Person)

Axcess Medical Imaging Corporation

(Firm/Company)

551 North Cattlemen Road, Suite 202

(Address)

Sarasota, Florida 34232

(City/State and Zip code)

For further information concerning this matter, please call:

Mary Caskadon

(Name of Person)

at (941) 952-8200

(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:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2009

MARY CASKADON
551 NORTH CATTLEMEN ROAD
SUITE 202
SARASOTA, FL 34232

SUBJECT: AXCESS MEDICAL IMAGING CORPORATION
Ref. Number: W09000018452

We have received your document for AXCESS MEDICAL IMAGING CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 409A00013216

May 22, 2009

UPS Express
K075 4775687

Florida Department of State
Division of Corporations
2661 W. Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

Attn: Claretha Golden
New Filing Section

Re: AXCESS MEDICAL IMAGING CORPORATION
Certificate of Authority
Reference Number: W09000018452

Dear Ms. Golden:

Enclosed herewith is your letter of April 20, 2009 and our check number 1020 in the amount of \$1,150.00 to cover penalties, and annual report/uniform business report for filing the Application by Foreign Corporation for Authorization to Transact Business in Florida. I understand you are holding our application and a certificate of existence from the Delaware Secretary of State, and our check in the amount of \$87.50 to cover the cost of filing (\$70), a Certificate of Status (\$8.75), and a certified copy of the filing (\$8.75).

I hope this will complete our application.

Please forward a certified copy of the filing and a Certificate of Status to the undersigned in the prepaid Federal Express envelope that was provided to you with the original filing.

Thank you.

Sincerely,



Mary Caskadon
Compliance Officer

**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. **Axcess Medical Imaging Corporation**

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

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

2. **Delaware** 3. **26-3161206**

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **January 9, 2007** 5. **Perpetual**

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

6. **October 1, 2008**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **551 North Cattlemen Road, Suite 202, Sarasota, Florida 34232**

(Principal office address)

P. O. Box 447, Venice, Florida 34284

(Current mailing address)

8. **to engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Laws**

(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: **Stephen M. Miley, M.D.**

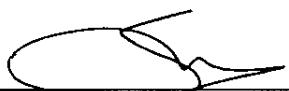
Office Address: **551 North Cattlemen Road, Suite 202**

Sarasota , Florida **34232**

(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.

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

A. DIRECTORS

Chairman: Stephen M. Miley, M.D.

Address: 551 North Cattlemen Road, Suite 202
Sarasota, Florida 34232

Vice Chairman: _____

Address: _____

Director: John Uphold

Address: 551 North Cattlemen Road, Suite 202
Sarasota, Florida 34232

Director: _____

Address: _____

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B. OFFICERS

President: Stephen M. Miley, M.D., CEO

Address: 551 North Cattlemen Road, Suite 202
Sarasota, Florida 34232

Vice President: David Palkovich, COO

Address: 551 North Cattlemen Road, Suite 202
Sarasota, Florida 34232

Secretary: Mary Caskadon

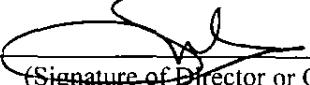
Address: 551 North Cattlemen Road, Suite 202 Sarasota, Florida 34232

Treasurer: Kay Carter, CFO

Address: 551 North Cattlemen Road, Suite 202 Sarasota, Florida 34232

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. Stephen M. Miley, M.D. Chief Executive Officer

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

Delaware

The First State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 26 PM 2:17

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXCESS MEDICAL IMAGING CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXCESS MEDICAL IMAGING CORPORATION" WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4281542 8300

090361577

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7245342

DATE: 04-14-09