

06/17/2009

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BURR KEIM COMPANY

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Florida Department of State
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DEPARTMENT OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATION

AXIS DIAGNOSTICS, INC.

Certificate of Status	0
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Page Count	04
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SECRETARY OF STATE
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. AXIS DIAGNOSTICS, 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 this purpose of transacting business in Florida)

2. Pennsylvania

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

3.

(FEI number, if applicable)

4. March 30, 2009

(Date of incorporation)

5. Perpetual

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

6. Date of qualification

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

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

7. 103 Dayton Drive South, North Wales, PA 19454

(Principal office address)

103 Dayton Drive South, North Wales, PA 19454

(Current mailing address)

8. Medical diagnostics

(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: **W. Bradley Munroe, Esquire**

Office Address: **239 E. Virginia Street**

Tallahassee

(City)

, Florida **32301**

(Zip code)

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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. DIRECTORSChairman: Michael OlshavskyAddress: 103 Dayton Drive South, North Wales, PA 19454

Vice Chairman: _____

Address: _____

Director: Scott H. DavisAddress: 1033 Radcliff Lane, Lower Gwynedd, PA 19002Director: Robert S. Newman, D.M.D.,Address: 104 Sterling Drive, North Wales, PA 19454**B. OFFICERS**President: Michael OlshavskyAddress: 103 Dayton Drive South, North Wales, PA 19454

Vice President: _____

Address: _____

Secretary: Scott H. DavisAddress: 1033 Radcliff Lane, Lower Gwynedd, PA 19002Treasurer: Robert S. Newman, D.M.D.Address: 104 Sterling Drive, North Wales, PA 19454

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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. Michael Olshavsky, President

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

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 17, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AXIS DIAGNOSTICS, 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.

Richard A. Cantor
Secretary of the Commonwealth

Certification Number: 8130410-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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