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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 19 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VALIANT HEALTHCARE, 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:

Jon H. Klapper

Name of Person

Valiant Healthcare, Inc.

Firm/Company

210 N. University Dr., Suite 806

Address

Coral Springs, FL 33071

City/State and Zip code

jklapper@ahcglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon H. Klapper

Name of Person

at (954) 341-5600

Area Code & Daytime Telephone Number

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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. VALIANT HEALTHCARE, 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. Delaware

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

3. 26-2871644

(FEI number, if applicable)

4. June 24, 2008

(Date of incorporation)

5. Perpetual

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

6. June 24, 2008

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

7. 210 N. University Drive, Suite 810, Coral Springs, FL 33071

(Principal office address)

210 N. University Drive, Suite 810, Coral Springs, FL 33071

(Current mailing address)

8. health care services

(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: Mirella Salem

Office Address: 210 N. University Drive, Suite 806

Coral Springs, Florida 33071

(City)

(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.

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

A. DIRECTORS

Chairman: Aarif Dohad

Address: 210 N. University Drive, Suite 810, Coral Springs, FL 33071

Vice Chairman: _____

Address: _____

Director: Mirella Salem

Address: 210 N. University Drive, Suite 810, Coral Springs, FL 33071

Director: see attached for additional directors

Address: _____

B. OFFICERS

President: Steven Turner

Address: 210 N. University Drive, Suite 810, Coral Springs, FL 33071

Vice President: see attached for additional officers

Address: _____

Secretary: _____

Address: _____

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. Mirella Salem, Director

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

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12. A. – Valiant Healthcare, Inc. – Additional Directors

Boris Bergus, M.D.
210 N. University Drive
Suite 810
Coral Springs, FL 33071

Ron E. Katz
210 N. University Drive
Suite 810
Coral Springs, FL 33071

Marc Love
210 N. University Drive
Suite 810
Coral Springs, FL 33071

John J. McAteer
210 N. University Drive
Suite 810
Coral Springs, FL 33071

Barry I. Rubin
210 N. University Drive
Suite 810
Coral Springs, FL 33071

12. B. – Valiant Healthcare, Inc. – Additional Officers

Vice President:
John Rowsell
210 N. University Drive
Suite 810
Coral Springs, FL 33071

Vice President:
Gregory L. Greenland
210 N. University Drive
Suite 810
Coral Springs, FL 33071

Vice President:
John T. Titus
210 N. University Drive
Suite 810
Coral Springs, FL 33071

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALIANT HEALTHCARE, INC." 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 NINTH DAY OF JUNE, A.D. 2009.

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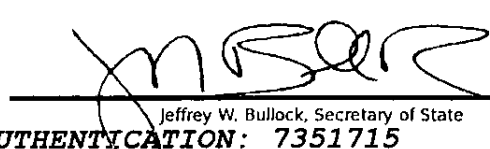
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4566671 8300

090600610

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7351715

DATE: 06-09-09