

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

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## FOREIGN PROFIT/NONPROFIT CORPORATION

BAYSIDE MOBILE MEDICAL SERVICE, INC.

EP 10/7/09

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS  
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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. Bayside Mobile Medical Service, 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. 26-0774807

(FBI number, if applicable)

4. August 14, 2007

(Date of incorporation)

5. Perpetual

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

6. No business transacted to date.

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

7. 1647 Willow Pass Rd. Ste 176 Concord, CA 94520

(Principal office address)

1647 Willow Pass Rd. Ste 176 Concord, CA 94520

(Current mailing address)

8. Medical Specimen Collection and Processing. NOT a medical lab.

(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:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee,

(City)

Florida 32301

(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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Bayside Mobile Med S

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

## A. DIRECTORS

Chairman: Nathan CronAddress: 94753 Kaaka StreetWaipahu, HI 96797

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Leslie Van NuysAddress: PO Box 2080Freedom, CA 95019Director: Patricia MullettAddress: 1847 Willow Pass Rd. Ste 176Concord, CA 94520

## B. OFFICERS

President: Nathan CronAddress: 1847 Willow Pass Rd. Ste 176Concord, CA 94520

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Patricia MullettAddress: 1847 Willow Pass Rd. Ste 176 Concord, CA 94520Treasurer: Nathan CronAddress: 1847 Willow Pass Rd. Ste 176 Concord, CA 94520

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nathan Cron

(Signature of Director or Officer listed in number 12 of the application)

14. Nathan Cron

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

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**BAYSIDE MOBILE MEDICAL SERVICE, INC.**

**FILE NUMBER:** C3012551  
**FORMATION DATE:** 08/14/2007  
**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 September 17, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State