

FD9000005141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

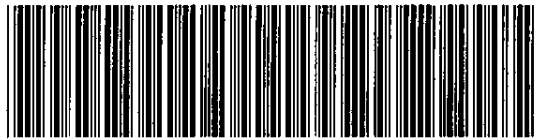
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Special Instructions to Filing Officer:

~~609-53375~~

Office Use Only

*[Signature]* 12/22



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12/07/09--01018--009 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 21 AM 8:46

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** United States Endoscopy Group 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:

Gaye Fable

(Name of Person)

US Endoscopy Group Inc

(Firm/Company)

5976 Hershey Rd

(Address)

Mentor Ohio 44060

(City/State and Zip code)

For further information concerning this matter, please call:

Gaye Fable

(Name of Person)

at (440) 639-4494 ext 396

(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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2009

GAYE FAHLE  
US ENDOSCOPY GROUP INC  
5976 HEISLEY RD.  
MENTOR, OH 44060

SUBJECT: UNITED STATES ENDOSCOPY GROUP INC.  
Ref. Number: W09000053375

We have received your document for UNITED STATES ENDOSCOPY GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 709A00037433

RECEIVED  
09 DEC 21 AM 10:59  
DIVISION OF CORPORATIONS  
FLORIDA

**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. United States Endoscopy Group 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. Ohio 3. 34-1688145  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/30/91 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5976 Heisley Rd Mentor Ohio 44060  
(Principal office address)

5976 Heisley Rd Mentor Ohio 44060  
(Current mailing address)

8. manufacture and selling of various medical devices  
(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: NRAT Services Inc

Office Address: 2731 Executive Park Drive Suite 4  
Weston, Florida 33331  
(City) (Zip code)

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DIVISION OF CORPORATIONS  
09 DEC 21 AM 8:46

**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.*

Lindsay Klemencic, Asst Secretary  
(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: \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Director: \_\_\_\_\_

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

\_\_\_\_\_

Director: \_\_\_\_\_

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

\_\_\_\_\_

**B. OFFICERS**

President: Gulam Khan

Address: 32581 Meadow Lark Way

Pepper Pike Oh 44124

Vice President: Gretchen Cohen

Address: 2660 George Zeiger Dr

Beachwood Oh 44122

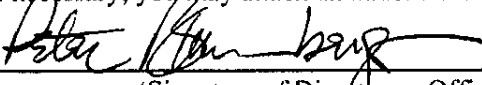
Secretary: \_\_\_\_\_

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

Treasurer: Peter Brumbergs

Address: 31655 Churchill Dr Solon Oh 44139

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

13.  - CFO

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

14. Peter Brumbergs treasurer [CFO]

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

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNITED STATES ENDOSCOPY GROUP, INC., an Ohio corporation, Charter No. 802231, having its principal location in Mentor, County of Lake, was incorporated on August 30, 1991 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 17th day of November, A.D. 2009*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State

Validation Number: V2009321NAE26C