

To: The Florida Dept. of State
Subject: 000000121796

From: Ashley Smith

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Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850) 617-6381

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000380.121796

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION MODERNIZING MEDICINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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March 24, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS INC

SUBJECT: MODERNIZING MEDICINE, INC.
REF: W10000014670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The signature for the officer/director on line 13 is too light.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

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P.O. BOX 6327 - Tallahassee, Florida 32314

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

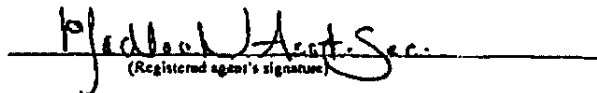
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 25, 2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
7. 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435
(Principal office address)
3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435
(Current mailing address)
8. Any and all business as may be permitted in accordance with laws of State of Florida
(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: CorpDirect Agents, Inc.
Office Address: 515 East Park Avenue
Tallahassee, Florida 32301
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Daniel Cane

Address: 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

Vice Chairman: _____

Address: _____

Director: Michael Sherling, M.D.

Address: 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

Director: _____

Address: _____

B. OFFICERS

President: Daniel Cane

Address: 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

Vice President: _____

Address: _____

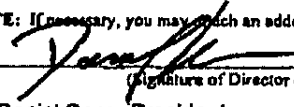
Secretary: Daniel Cane

Address: 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

Treasurer: Daniel Cane

Address: 3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

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. Daniel Cane, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida
Modernizing Medicine, Inc.

Item 12.B. OFFICERS

Chief Medical Officer Michael Shering, M.D.
3330 S. Federal Highway, Suite 217, Delray Beach, FL 33435

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Delaware

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODERNIZING MEDICINE, 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 TWENTY-SECOND DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MODERNIZING MEDICINE, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4792884 8300

100303787

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7884058

DATE: 03-22-10