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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**SEDLINE, INC.**

Certificate of Status	0
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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. SEDLINE, INC.

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

N/A

(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. 27-1157599

(FEI number, if applicable)

4. 10/21/2009

(Date of incorporation)

5. PERPETUAL

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

6. Upon Filing

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

7. 13766 ALTON PARKWAY, SUITE 143, IRVINE, CA 92618

(Principal office address)

SAME

(Current mailing address)

8. SALES OF MEDICAL EQUIPMENT

(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 CompanyOffice Address: 1201 Hays StreetTallahassee

(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.*

Corporation Service Company

By: 

(Registered agent's signature)

**Matthew Young  
as its agent**

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. DIRECTORS

Chairman: DAVID GOODMAN, MD,Address: 13766 ALTON PARKWAY, SUITE 143IRVINE, CA 92618

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

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

Director: STEPHEN C. JENSENAddress: 13766 ALTON PARKWAY, SUITE 143IRVINE, CA 92618Director: AMMAR AL-ALIAddress: 13766 ALTON PARKWAY, SUITE 143IRVINE, CA 92618

## B. OFFICERS

President: DAVID GOODMAN, MD,Address: 13766 ALTON PARKWAY, SUITE 143IRVINE, CA 92618Vice President: NOT YET ELECTED

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

Secretary: NOT YET ELECTED

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

Treasurer: NOT YET ELECTED

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. DAVID GOODMAN, MD, - PRESIDENT AND DIRECTOR

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

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEDLINE, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEDLINE, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7902867

DATE: 03-31-10