

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Balance Health Corporation
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," or "Certificate of Good Standing" 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:

Michael Ross
Name of Person
Balance Health Corporation
Firm/Company
2202 N West Shore Blvd Suite 200
Address
Tampa, FL 33607
City/State and Zip code

dave@medizone.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ross at (813) 288-4671
Name of Person 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:

- \$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. Balance Health Corporation
(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 3. 27-2568122
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-20-10 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2202 N West Shore Blvd Suite 200, Tampa, FL 33607
(Principal office address)

2202 N West Shore Blvd Suite 200, Tampa, FL 33607
(Current mailing address)

8. Health Care
(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: National Registered Agents

Office Address: 2731 EXECUTIVE PARK DRIVE, STE 4

WESTON, Florida 33331
(City) (Zip code)

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10 MAY 24 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

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A. DIRECTORS

Chairman: Michael Ross

Address: 2202 N. West Shore Blvd Suite 200

Tampa, FL 33607

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: Guilhem Gastagne

Address: 101 South Robertson Blvd Suite 210

Los Angeles, CA 90048

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Ross

Address: 2202 N. West Shore Blvd Suite 200

Tampa, FL 33607

Vice President: Guilhem Gastagne

Address: ~~Los Angeles, CA 90048~~ 101 South Robertson Blvd, Suite 210

Los Angeles, CA 90048

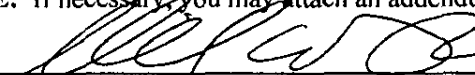
Secretary: _____

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. Michael Ross - Chairman/President
(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 "BALANCE HEALTH CORPORATION" 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 SEVENTEENTH DAY OF MAY, A.D. 2010.

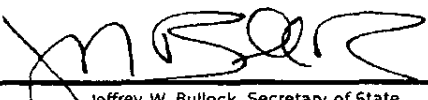
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4779533 8300

100518203



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7998082

DATE: 05-17-10