# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222~1092

Fax Number

; (850)878-5368

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

Email	Address:_	 	

# FOREIGN PROFIT/NONPROFIT CORPORATION

Alternative Biomedical Support, Inc.

7.00	
Certificate of Status	0
Certified Copy	Ú
Page Count	
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Electronic Filing Menu Corporate Filing Menu

Help

J. Styles SEP 28 SULD!

### **COVER LETTER**

TO: New Filing Ser Division of Co		,	
SUBJECT:	Alternative B	tiomedical Support, Inc.	
	Name of corporation	- must include suffix	
Dear Sir or Madam:			•
"Certificate of Existen	ntion by Foreign Corporation for oe," or "Certificate of Good Stan gn corporation to transact busine	ding" and check are subn	t Business in Florida," nitted to register the
Please return all corres	spondence concerning this matter	to the following:	
	Mala S	hak_	
	Mala S Name of	Person	
	Allenative	Riomedical _	Support. The
	Firm/Con	upany	
ئىر	1412 Antockle	Court	AS E
	1912 Anturkia Addr	CSS	SE SE
	Dallal, TX	75229	2010 SEP 27 SECHETARY ALLAHASSEE
	City/State a	and Zip code	SE SE
	malashah@ahsbi	omedical com	
	E-mail address: (to be used	for future annual report n	otification)
For further information	n concerning this matter, please	call:	<u> </u>
	,		
Mala S'ha	<u>k</u> at ( <u>972</u>	241-13	88
Name of Pers	on Area	Code & Daytime Telepho	one Number
New Filing Se Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassec, F	ction orporations ?
Enclosed is a check for	r the following amount:		
\$70.00 Filing Fee	S78.75 Filing Fee & Cartificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 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.

	<u> </u>	<u> </u>
(If name unavailable in Florida, enter alternate corporate na	ume	adopted for the purpose of transacting business in Florida
Texas	_ 3.	27-0696463
(State or country under the law of which it is incorporated)		(FEI number, if applicable)
07/10/2009	5	Perpetual
(Date of incorporation)	• • •	(Duration: Year corp. will cease to exist or "perpetual"
08/15/2010		
	CSS i	in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 60	07.1	502, F.S., to determine penalty liability)
2412 Arbuckie Court, Dallas, TX 75229		
2412 Arbuckle Court, Dallas, TX 75229 (Principal office	ed c	dress)
(Principal office	ado	<u> </u>
(Principal office		
(Principal office		
(Principal office		dress)
(Principal office	g add	dress)
(Principal office same (Current mailing SEE ATTACHMENT (Purpose(s) of corporation authorized in home state	or c	dress)
(Principal office same (Current mailing SEE ATTACHMENT	or c	dress)
(Principal office same (Current mailing SEE ATTACHMENT (Purpose(s) of corporation authorized in home state	or c	dress)
(Principal office  same  (Current mailing  SEE ATTACHMENT  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered agent:  Name: CT Corporation System	or c	ountry to be carried out in state of Florids)
(Principal office  same  (Current mailing  SEE ATTACHMENT  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered agent:	or c	dress)
(Principal office  same  (Current mailing  SEE ATTACHMENT  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered agent:  Name: CT Corporation System	or c	dress)

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.

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
-----	-----------	----------	-----------	-------------	--------	-----------

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	CC S
	# P
B. OFFICERS	tul-
President: Mala Shah	
Address: 2412 Arbuckle Court	
Dallas, TX 75229	<u>== ω</u>
Vice President: Clifton Wright	
Address: 2412 Arbuckie Court	
Dallas, TX 75229	
Søcretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	ting additional officers and/or directors.
	mile wherether arrests were as assessed.
(Signature of Director or Officer listed in number	12 of the application)
14. Mala Shah, President	t
(Typed or printed pame and capacity of person s	signing application)

#### Attachment to Florida Purpose Clause

Conducting any legal and lawful business including leasing equipment. The business does not constitute the practice of medicine.

#### Officers & Directors

ı **Full Name:**  Mala Shah

Officer/Director:

Officer, Director

Officer's Title:

President

Director's Title:

Director

Business Address:

2412 Arbuckle Court

City:

Dallas

State:

TX

ZIP Code:

75229

2 Full Name: Clifton Wright

Officer/Director:

Officer, Director

Vice President

Officer's Title:

Director's Title:

Director

Business Address:

2412 Arbuckle Court

City:

Dallas

State:

TX

ZIP Code:

75229

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

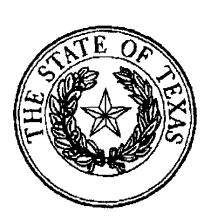
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Alternative Biomedical Support, Inc. (file number 801145302), a Domestic For-Profit Corporation, was filed in this office on July 10, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2010.



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RETARY OF STATE
AHASSEE, FLORIDA

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Hope Andrade Secretary of State

Come visit us on the Internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Prepared by: \$OS-WEB Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 330678900007