

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (843) 425-0077
Fax Number : (845) 818-3588

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TALLAHASSEE, FLORIDA

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

Email Address: Mlevine@salessource.biz

FOREIGN PROFIT/NONPROFIT CORPORATION

Cal City Medical Supply, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE 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. CAL CITY MEDICAL SUPPLY, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 30-0526891

(FEI number, if applicable)

4. 11/10/2008

(Date of incorporation)

5. PERPETUAL

(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. 8048 CALIFORNIA CITY BLVD CALIFORNIA CITY, CA 93506

(Principal office address)

8048 CALIFORNIA CITY BLVD CALIFORNIA CITY, CA 93505

(Current mailing address)

8. RETAIL SALES OF MEDICAL EQUIPMENT AND SUPPLIES

(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: Vcorp Services, LLC

Office Address: 7200 W Camino Real, Suite 102

Boca Raton

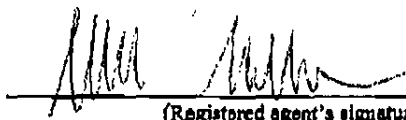
(City)

, Florida 33433

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

A. DIRECTORS

Chairman: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

Vice Chairman: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

Director: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

Director: _____

Address: _____

B. OFFICERS

President: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

Vice President: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

Secretary: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD CALIFORNIA CITY, CA 93505

Treasurer: MAX LEVINE

Address: 8048 CALIFORNIA CITY BLVD CALIFORNIA CITY, CA 93505

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MAX LEVINE, PRESIDENT

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

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TALLAHASSEE FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

CAL CITY MEDICAL SUPPLY, INC.

FILE NUMBER: C3168709
FORMATION DATE: 11/10/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 20, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State