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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*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  
PRI MEDICAL TECHNOLOGIES, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 11/12/10

**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. PRI Medical Technologies, Inc.**

(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. NEVADA**

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

**3. 95-4607643**

(FBI number, if applicable)

**4. 5/23/1991**

(Date of incorporation)

**5. PERPETUAL**

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

**6. 8/9/2008**

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

**7. 10939 Pendleton Street, Sun Valley, CA 91352**

(Principal office address)

**10939 Pendleton Street, Sun Valley, CA 91352**

(Current mailing address)

**8. provides medical lasers and technician services, on a fee per procedure basis to hospitals, out-patient centers and physicians**  
(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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVE.

TALLAHASSEE

(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.*

  
(Registered agent's signature)

JOSE MOJICA, ASST. SECY.

**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: PLEASE SEE THE ATTACHED RIDER

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

## B. OFFICERS

President: PLEASE SEE THE ATTACHED RIDER

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. W. McKay CFO & Secretary

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. William M. McKay, CFO and Secretary

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

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**OFFICERS**

BRUCE J. HABER	CEO	10939 Pendleton Street, Sun Valley, CA 91352
LOUIS BUTHER	PRESIDENT	10939 Pendleton Street, Sun Valley, CA 91352
WILLIAM M. MCKAY	CFO & SECY.	10939 Pendleton Street, Sun Valley, CA 91352

**DIRECTORS**

BRUCE J. HABER	10939 Pendleton Street, Sun Valley, CA 91352
HOWARD WALTMAN	10939 Pendleton Street, Sun Valley, CA 91352
MARK WALDRON	10939 Pendleton Street, Sun Valley, CA 91352
K. DEANE READE, JR.	10939 Pendleton Street, Sun Valley, CA 91352

## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PRI MEDICAL TECHNOLOGIES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 23, 1991, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 10, 2010.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20101110-0206  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

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TALLAHASSEE, FLORIDA

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