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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	O: New Filing Section Division of Corporations						
SUBJ	Name of corporation - must include suffix						
Dear S	Sir or Madam:						
"Certif	nclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Steven P. Pace Name of Person Pace + Company PC Firm/Company						
	Name of Person						
	Page 1 Comman OC						
	Firm/Company						
	1700 E Wall Ste 1000						
	1702 E Highland Ste 402 Address						
	Phoenix AZ 85016						
	City/State and Zip code						
	,						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
	teven Pace at (602) 381-0522						
	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						
Enclos	sed is a check for the following amount:						
⊠ \$70	0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \Bigcup \\$78.75 Filing Fee & \Bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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. Aspen (Enter name of co	Medical Consultats + I	Marketing, Lte	d. The	···
	orp," "Inc," "Co," or "Corp.")	oominit	., - ooid old 11 <u>101.,</u>	-
(If name unavaila	ble in Florida, enter alternate corpora	te name adopted for the	purpose of transacting	business in Florida)
2. Coloredi)	3. <u> </u>	316040	
(State or country t	under the law of which it is incorporate	ted)	(FEI number, if applic	cable)
4	1995 of incorporation)	5. Perpetu	al	
	of incorporation)	(Duration: Y	ear corp. will cease to e	exist or "perpetual")
6	21/01/2011			
	(Date first transacted bu (SEE SECTIONS 607.1501 &	& 607.1502, F.S., to det	termine penalty liability	·)
7 734	Sw Kings Bau (Principal of	Tice address)	rystal Bive	r, Fl 34129
73	4 SW Kings Bay	JDVIUQ, C	Trystal Rue	r, 71 34429
8. <u>Cont</u>	of corporation authorized in home st		mind out in state of Flori	:40)
(Purpose(s)	or corporation authorized in nome st	tate or country to be car	ned out in state of Fion	(da)
9. Name and street	t address of Florida registered age	nt: (P.O. Box <u>NOT</u> a	acceptable)	F6 5
Name:	Ronald B Joseph		•	E FI
Office Address:	734 SW Hings Bay Crystal River (City)	Drive		阿里 下 而
	Courtal lives	Florida	34429	지원 모 ㅁ
	(City)	, i fortua	(Zip code)	97 -
10 Designation of an				
10. Registered ag Having been name	ent's acceptance: ed as registered agent and to acce	ept service of process	for the above stated o	corporation at the place
	application, I hereby accept the a			
	omply with the provisions of all stowith and accept the obligations of			performance of my auties
	1	, ,,	8	
	Markath Li			
_	(Registered agent's si	gnature)	<u> </u>	_
11 A1-7		-	- 00 dans 1 1'	
	ertificate of existence duly authen State, by the Secretary of State or			

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: _ Director: Address: _ Director: Address: _ **B. OFFICERS** President: _ Address: _ Vice President: Address: ___ Secretary: Address: _ Treasurer: ___ Address: You may attach an andendum to the application listing additional officers and/or directors. NOTE: If necessary, 13. of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ASPEN MEDICAL CONSULTANTS & MARKETING, LTD.

is a **Corporation** formed or registered on 08/16/1995 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19951103050.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/01/2010 that have been posted, and by documents delivered to this office electronically through 12/04/2010 @ 11:41:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 12/04/2010 @ 11:41:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7807115.



SECRETARY OF STATE

SECRETARY OF STATE

LALL MIXES SEE ALTOHOUGH

Secretary of State of the State of Colorado

*********End of Certificate************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."