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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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SECRETATE OF STATE
TALLAHASSEE, FLORIDA

H

COVER LETTER

	ing Section of Corporations			
SUBJECT:	KANTER HEALTHS	sci ENCE	COMMUNIC	ATTONS, INC.
			st include suffix	
Dear Sir or Mada	ım:			
"Certificate of Ex	pplication by Foreign Corporat kistence," or "Certificate of God foreign corporation to transact	od Standing"	and check are su	
Please return all o	correspondence concerning this			
ICA	NTER HEALTHS	ime of Person	E COMMU	VICATIONS, INC
	O o o	m/Company	· · · · · · · · · · · · · · · · · · ·	
	PO. BOX	630	305	
	_	Address		
	MIAMI, F	L 3	33163	
	MIAMI, F.	State and Zip	code	
	K CANTER E F	441 -XCU	30,000	
	E-mail address: (to be	used for futu	re annual report i	notification)
For further inform	ation concerning this matter, pl	ease call:		
		_		
ROBERT	RANTER at (114)	107-219	4
Name of I	Person	Area Code &	Daytime Telepho	one Number
	COURIER ADDRESS:		MAILING AI	· · • - · ·
New Filing Section Division of Corporations			New Filing Section Division of Corporations	
Clifton Bui			P.O. Box 6327	
	utive Center Circle e, FL 32301		Tallahassee, FI	2 32314
nclosed is a check	for the following amount:	/		
\$70.00 Filing 1	Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Certifi	Filing Fee & ed 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. KANTER HEALTHSCIENCE COMMUNICATIONS, 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 property of th (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7000 ISLAND BLUD #605 AVENTURA, FL 33160

(Principal office address)

P.O. BOX 630305 HIAMI, FL 33163

(Current mailing address) 8. TO ENGAGE IN ANY LAWFUL ACT ON ACTIVITY FOR WHICH CORPORATIONS MAY BE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

ORGANIZED 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7000 ISLAM BLVD # 605

NENTURA

, Florida 33160

(City) (Zip code) Office Address: 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.

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.



	1 March and
12. Names and business addresses of officers and/or directors:	11 JAN 10 AM 7: 45
A. DIRECTORS	
Chairman: KARREN KANTER	SECRETATI OF STATE TALLAHASSEE, FLORIDA
Chairman: PANCON FLAND BLVD #605	
ALENTURA FL 33/60	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
President: KARREN KANTER Address: 7000 ISLAND BLVD #605	
AVENNEA, FL 37160	
Vice President: ROBERT KANTER	
Address: 7000 ISLAND BLVD #605	······································
AVENTURA, FL 73160	
Secretary: KAREN KANTER	
Address: 7000 ISLAND BLVD #605 AVENT	URA, FC 37160
Secretary: KARREN KANTER Address: 7000 ISLAND BLVD #605 AVENT Treasurer: KARREN KANTER Address: 7000 ISLAND BLVD #605 AVE	
Address: 7000 ISLAND BLVD #605 AVE	ENTURA, FL 37/60
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
13. Carrer Carre	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 ab	ova) offirms that the facts stated havein
are true and that he or she is aware that false information submitted in a docume	nt to the Department of State constitutes a
third degree felony as provided for in s.817.155, F.S. KARREN KANTER, PRESIDENT	
it	

帮说:

State of New York Department of State ss:

11 JAN 10 AM 7:45

SECRETARY OF STATE TALLAHASSEE FLORIDA

I hereby certify, that the Certificate of Incorporation of KANTER HEALTHSCIENCE COMMUNICATIONS, INC. was filed on 06/03/2005, under the name of KANTERMULTIMEDIA INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment KANTERMULTIMEDIA INC., changing its name to KANTER HEALTHSCIENCE COMMUNICATIONS, INC., was filed 09/13/2007.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of December two thousand and ten.

The state of the s

First Deputy Secretary of State