

F. 110000001887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

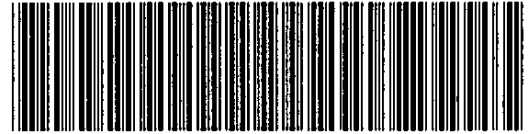
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



500199811795

04/04/11--01021--026 \*\*87.50

05/03/11--01032--001 \*\*650.00

FILED  
11 MAY -2 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MR 5/3

VX11-19152

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Diagnostic Healthcare Systems, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shannon Byers

Name of Person

Diagnostic Healthcare Systems, Inc.

Firm/Company

2613 Discovery Drive, Ste A

Address

Raleigh, NC 27616

City/State and Zip code

shannon.byers@dhsys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mason Byers

Name of Person

at ( 919 ) 876-2545

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2011

SHANNON BYERS  
DIAGNOSTIC HEALTHCARE SYSTEMS, INC.  
2613 DISCOVERY DRIVE, STE A  
RALIEGH, NC 27616

SUBJECT: DIAGNOSTIC HEALTHCARE SYSTEMS  
Ref. Number: W11000019152

We have received your document for DIAGNOSTIC HEALTHCARE SYSTEMS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 911A00008224

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).



## DIAGNOSTIC HEALTHCARE SYSTEMS

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11 MAY -2 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 27, 2011

Florida Department of State  
Division of Corporations  
ATTN: Ruby Dunlap, Regulatory Specialist II  
PO Box 6327  
Tallahassee, FL 32314

**RE: W11000019152/Letter Number 911A00008224**

Dear Ruby,

Thank you for your correspondence on April 5, 2011 in letter number 911A00008224. Per the instructions, enclosed is the updated application for your review. We apologize; our intention was not to file an alternate name. We will be doing business as Diagnostic Healthcare Systems, Inc. Also enclosed is the civil penalty and annual report filing fees for a total of \$650.

Please contact me at 919-876-2545 or [Shannon.Byers@dhsys.com](mailto:Shannon.Byers@dhsys.com) with any questions pertaining to this application. Thank you in advance for your help and assistance.

Sincerely,

Shannon M. Byers

**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. Diagnostic Healthcare Systems, Inc.

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

Diagnostic Healthcare Systems, Inc.

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

2. NC

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

3. 56-1508373

(FEI number, if applicable)

4. 3/18/1986

(Date of incorporation)

5. perpetual

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

6. 12/22/2010

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

7. 2613 Discovery Drive, Ste A, Raleigh, NC 27616

(Principal office address)

2613 Discovery Drive, Ste A, Raleigh, NC 27616

(Current mailing address)

8. Medical sales

(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:

Business Filings Incorporated

Office Address:

1203 Governors Square Blvd, Ste 101

Tallahassee

(City)

Florida 32301-2960

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

Mark Williams AVP for Business Filings  
(Registered agent's signature) Incorporated

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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: Bernarr Byers

Address: 2613 Discovery Drive, Ste A, Raleigh, NC 27616  
\_\_\_\_\_

Vice President: Mason Byers

Address: 2613 Discovery Drive, Ste A, Raleigh, NC 27616  
\_\_\_\_\_

Secretary: Judy Byers

Address: 2613 Discovery Drive, Ste A, Raleigh, NC 27616  
\_\_\_\_\_

Treasurer: Judy Byers

Address: 2613 Discovery Drive, Ste A, Raleigh, NC 27616  
\_\_\_\_\_

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. Bernarr M Byers

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



# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **DIAGNOSTIC HEALTHCARE SYSTEMS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of March, 1986, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

11 MAY -2 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of March, 2011.

*Elaine F. Marshall*

Secretary of State