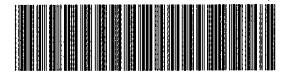
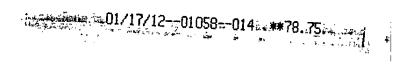
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(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zi	o/Phone #)	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
, Certified Copies Cer	tificates of Status	
Special Instructions to Filing Office	cer:	
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TENNOL , THE 18 SUIS

# COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT:		ons Medical Association – must include suffix	ation Inc		
Dear S	ir or Madam:					
"Certif	ficate of Existen	ation by Foreign Not for Protect, or "Cerificate of Good Son to conduct its affairs in F	Standing" and check are sub-			
Please	return all corres	pondence concerning this m	atter to the following:			
		F	Patricia Sutherland Name of Person			
		Special Oper	ations Medical Associa Firm/Company	tion Inc		
		7	'82 Onyx Parkway Address		2012 JAN 17 SECRETARY TALLAHASSE	diology at
			DeLand, FL 32724 ity/State and Zip Code		I7 AM	
	E-n	pat@meeting nail address: (to be used for	mattersplus.com future annual report notifica	tion)	AH D. L	2 2
For fur	ther informatior	concerning this matter, plea	ase call:			,
		Sutherland at of Person	( 386 ) 626 Area Code & Daytime Te	6-5061 elephone Number		
	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations	New Filing Son Division of C Clifton Buildi	orporations ing ve Center Circle		
Enclos	ed is a check for	the following amount:				
<b>\$70</b>	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fe Certificate of Stat Certified Copy		

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

í	Special Operations M	ledical Ass	ociation Inc	
(Name of corp	poration: must include the word "INCORPORATE	D" or "CORPO	RATION" or words or ab	breviations of like
in the name at	Special Operations Moration: must include the word "INCORPORATE uage as will clearly indicate that it is a corporation present. "Company" or "Co." may not be used as	a corporate suff	iurai person or partnersnip ix by a nonprofit corporati	ion.)
(State or cou	Tennessee 3. untry under the law of which it is incorporated)		FEI number, if applicable)	)
4.	04/08/1994 5. (Date of Incorporation)		perpetual	
(	(Date of Incorporation)	(Duration: Ye	ar corp. will cease to exist	or "perpetual")
6	December	1 2011		
(Date first cond	December ducted affairs in Florida if prior to registration. See s	sections 617.150	& 617.1502, F.S. to deter	mine penalty liability.)
	782 Onyx Parkway, [	DeLand, FL	32724	
	(Principal of	ffice address)		
	782 Onyx Parkway, D	Deland Fl	32724	
	(Current m	nailing address)	<u> </u>	
8.	Enhancement of standards for r corporation authorized in home state or country t	military medi	cal professionals	20/2 JAN 17 SIGNETARY I
(Purpose(s) of	corporation authorized in home state or country t	to be carried out	in the state of Florida)	20/2 JAN 17 SICRETARY ALLAHASSE
9 Name and str	reet address of Florida registered agent: (P.O.	Boy NOT acc	antohla)	JAN 17
2. 1 tallie and <u>311</u>	or ronda registered agent. (1.0.	. Dox <u>1401</u> acc	eptable)	SS
Name	Patricia Sutherland			
rune.				A
Office Address:	: 782 Onyx Parkway			9; 6; 6; 6; 6; 6; 6; 6; 6; 6; 6; 6; 6; 6;
				* <b>60</b>
	DeLand (City)	_, Florida	32724	
	(City)		(Zip Code)	
10. Registered	d agent's acceptance:			
Having been na	amed as registered agent and to accept service	ce of process f	or the above stated corp	oration at the place
further agree to	his application, I hereby accept the appointn o comply with the provisions of all statutes re	elative to the n	roper and complete per	ict in this capacity.  I formance of my duties.
and I am famili	iar with and accept the obligations of my pos	sition as regist	ered agent.	,
			`	
1	CAN WAR	nn	)	
(	Janus H / Will	ulland -1	/	
	(Registered ag	genrs (algnature)		<del></del>
	<b>,</b>			
11. Attached is	a certificate of existence duly authenticated,	not more than	90 days prior to deliver	y of this application to
the Departm	nent of State, by the Secretary of State or other	er official havi	ng custody of corporate	records in the
jurisaiction	under the law of which it is incorporated.			

## SOMA Officers and BOD members

# **SOMA Officers**

# **Robert Harrington**

804 great Plain Ave Needham, MA 2492

## Steven Viola

584 3rd st Imperial Beach, CA 91932

### Warner Anderson

4701 kenmore Av APT 1304 Alexandria, VA 22304

### Alan MOLOFF

17275 Majestic view Drive Reno, NV 89521

## **Robert Mabry**

26503 Weiss Fels Ct New Braunfels, TX 798132

# Mark Donald

1109 Secretariat Way Chesapeake, VA 23322

### **Steve Ward**

115 Simpson Ave Bldg 90322 Hurlburt Field, FL 32544

# Russ Kotwal

2929 Desert Storm Drive Fort Bragg, NC 28310

## H. R. MONTGOMERY

215 Birchwood Dr Fortson, GA 31808

## Peter Benson

230 Becky Branch Road Southern Pines, NC 28387



# Air Force Reps

# Stephen Rush

90 Merrivale Rd Great Neck, NY 11020 United States

# **Army Reps**

# David Marcozzi

617 4th Street, NE Washington, DC 20002 United States

# F. Bowling

5 Blue Devil Rd. Cameron, NC 28326 United States

# **Navy Reps**

# **Chris Brownell**

5541 Lambdin Arch Virginia Beach, VA 23455 United States

# **Conrad Kress**

303 N Kalaheo Avenue Kailua, HI 96734 United States SECRETARY OF DATE

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

# A. DIRECTORS

Chairman: Please see attached list.	
Address:	The second secon
NO. ON THE	
Vice Chairman:	
Address:	
Director:	
Address:	<u> </u>
Director	MAR.
Director:	AST Z
Address:	777 m
B. OFFICERS	
President: Please see attached list.	ty (
Address:	
Vice President:	
Address:	
Secretary:	
Address:	- James Leverschaft and the state of the sta
Treasurer:	
Address:	nny raga yaga ga affirmaker resmu wanandangan pangan pangan Phillips / p. p. 1 wasy casar s sammel i
NOTE: Mneressary, you may attach an addendure to the application listing additional	officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 c	of the application)
Dr. Robert Harrington	
(Typed or printed name and capacity of person signing applica	tion)



# STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PATRICIA SUTHERLAND 782 ONYX PARKWAY DELAND, FL 32724

December 1, 2011

Request Type: Certificate of Existence/Authorization

Request #:

0052964

Issuance Date: 12/01/201 Copies Requested: 5

Receipt #: 571001

Payment-Credit Card - TennesseeAnytime Online Payment

Filing Fee:

Regarding:

SPECIAL OPERATIONS MEDICAL ASSOCIATION

Filing Type:

Corporation Non-Profit - Domestic

Formation/Qualification Date: 04/08/1994

Status:

Active

**Duration Term: Perpetual** 

Control #:

277905

Date Formed:

04/08/1994

Formation Locale: Rutherford County

Inactive Date:

# CERTIFICATE OF EXISTENCE

**Document Receipt** 

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## SPECIAL OPERATIONS MEDICAL ASSOCIATION

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Web User

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