

Feb. 24. 2012 4:48PM
Division of Corporations

No. 25 P. 1
Page 1 of 1

F120000000829

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000050172 3)))



H120000501723ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED FEB 24 2012

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (850)656-7953

****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
EXAM COORDINATORS NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2012 FEB 24 AM 9:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers FEB 27 2012

**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. EXAM COORDINATORS NETWORK, 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. Illinois

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

3.

(FEI number, if applicable)

4. January 14, 2008

(Date of incorporation)

5. Perpetual

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

6.

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

7. 6111 Broken Sound Pkwy NW #207, Boca Raton, FL 33487

(Principal office address)

(Current mailing address)

8. Procuring independent medical evaluations

(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: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

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.

Karen E. Elliott, Assistant Secretary

(Registered agent's signature)

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.

FILED
TALLAHASSEE, FLORIDA
FEB 24 2012

2012 FEB 24 AM 9:29

FILED

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

A. DIRECTORS

Chairman: Barbara Levine

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Vice Chairman: Richard Stopek

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Director: Steven Levine

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Director: _____

Address: _____

B. OFFICERS

President: Barbara Levine

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Vice President: Steven Levine

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Secretary: Richard Stopek

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

Treasurer: Steven Levine

Address: 6111 Broken Sound Pkwy NW, Boca Raton, FL 33487

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. STEVEN LEVINE, DIRECTOR

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

2012 FEB 24 AM 9:28
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE

File Number 6637-837-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

EXAM COORDINATORS NETWORK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 14, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

2012 FEB 24 AM 9:22
JESSE WHITE
SECRETARY OF STATE

FILED



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of FEBRUARY A.D. 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1205501594

Authenticate at: <http://www.cyberdriveillinois.com>