

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

From: Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**\*\*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  
MEDICAL ASSISTENCE C A, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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4/3/12

# 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. MEDICAL ASSISTENCE C A, 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. VENEZUELA

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. OCTOBER 21 2009

(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. 3029 NE 188TH ST SUITE 506 MIAMI FL 33180

(Principal office address)

3029 NE 188TH ST SUITE 506 MIAMI FL 33180

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(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: JUAN M BASALO

Office Address: 3029 NE 188TH ST SUITE 506

MIAMI

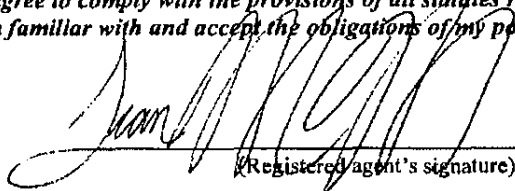
(City)

, Florida 33180

(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.*



(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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: JUAN M BASALOAddress: 3029 NE 188TH ST SUITE 506MIAMI FL 33180Vice President: FLORANGEL MARTINEZAddress: 3029 NE 188TH ST SUITE 506MIAMI FL 33180

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. JUAN M BASALO, PRESIDENT

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

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**SEAL**  
**BOLIVARIANA REPUBLIC OF VENEZUELA**

\*\*\* POPULAR POWER MINISTRY OF JUSTICE AND INTERIOR RELATIONS \*\*\*

**SELF SERVICE RECORDS AND  
NOTARIES.  
SECOND REGISTER  
STATE OF ARAGUA**

RM No. 284  
201° y 152°

Lawyers ALVAREZ ALBERTO MONTERO Second Commercial Registrar  
Aragua State Deputy

**C E R T I F Y**

That the Register of Trade entry transcribed from its original version enrolled in  
Volume **53-A REGISTER II**. Number: **47 of 2011**, as well as the Participation, Note  
and Document that follow are faithful copies of the originals, which were worded as  
follows:

**284-4623**

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THIS FOLIO BELONGS TO:  
**MEDICAL ASSISTENCE, C.A**  
File number: **284-4623**

**SAREN**

Certificate of Translation

I certify that I am fluently bilingual and I am competent to translate from Spanish into the English  
language and that the information contained herewith is true and correct to the best of my  
knowledge.



**REPÚBLICA BOLIVARIANA DE VENEZUELA**  
\*\*\* MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA \*\*\*

SERVICIO AUTÓNOMO DE REGISTROS Y  
NOTARÍAS.  
REGISTRO MERCANTIL SEGUNDO DEL  
ESTADO ARAGUA

RM No. 284  
201° y 152°

Abogado CARLOS ALBERTO MONTERO ALVAREZ, Registrador Mercantil Segundo  
Suplente del Estado Aragua

**C E R T I F I C A**

Que el asiento de Registro de Comercio transcrito a continuación, cuyo original está inscrito en el Tomo: **53-A REGISTRO MERCANTIL II**. Número: **47** del año **2011**, así como La Participación, Nota y Documento que se copian de seguida son traslado fiel de sus originales, los cuales son del tenor siguiente:

**284-4623**

ESTE FOLIO PERTENECE A:  
**MEDICAL ASSISTENCE, C.A**  
Número de expediente: **284-4623**

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**SAREN**