

08/14

11:03

FAX

888327819

EDWARDS WILDMAN

001/004

**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.**

((H120002044183)))



H120002044183ABCW

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

To:

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

From:

Account Name : EDWARDS WILDMAN PALMER LLP  
 Account Number : 075410001517  
 Phone : (561) 833-7700  
 Fax Number : (561) 655-8719

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dnr@practical-group.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Universal Medical Access Corporation**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

12 AUG 14 PM 1:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

12 AUG 14 PM 4:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

8-15-13  
 5

(((H12000204418 3)))

**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. Universal Medical Access Corporation

(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. DELAWARE

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

3. 46-0777412

(FEI number, if applicable)

4. July 27, 2012

(Date of incorporation)

5. PERPETUAL

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

6. Upon filing.

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

7. 189 Bradley Place, Suite 1 North, Palm Beach FL 33480

(Principal office address)

189 Bradley Place, Suite 1 North, Palm Beach FL 33480

(Current mailing address)

8. Engage in all lawful activities or business permitted in the State of Florida.

(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: David N. RosensaftOffice Address: 189 Bradley Place, Suite 1 NorthPalm Beach

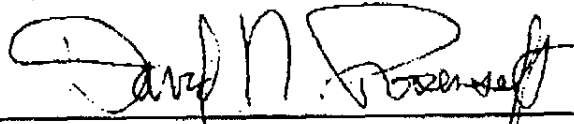
(City)

, Florida 33480

(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) David N Rosensaft

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.

(((H12000204418 3)))

(((H12000204418 3)))

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

## A. DIRECTORS

Chairman: David N. RosensaftAddress: 189 Bradley Place, Ste 1 North, Palm Beach FL 33480

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

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

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

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

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

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

## B. OFFICERS

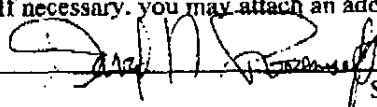
President: David N. RosensaftAddress: 189 Bradley Place, Suite 1 North, Palm Beach FL 33480

Vice President: \_\_\_\_\_

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

Secretary: David N. RosensaftAddress: 189 Bradley Place, Suite 1 North, Palm Beach FL 33480Treasurer: David N. RosensaftAddress: 189 Bradley Place, Suite 1 North, Palm Beach FL 33480

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. David N. Rosensaft, President

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

(((H12000204418 3)))

((H12000204418 3)))

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL MEDICAL ACCESS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL MEDICAL ACCESS CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
12 AUG 14 PM 4:05  
SECRETARY OF STATE  
DELAWARE

5190310 8300

120880656



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9740649

DATE: 07-27-12

((H12000204418 3)))