

F12000003630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

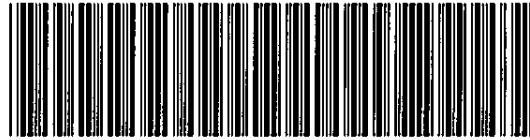
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900239141629

09/04/12--01036--009 **70.00

FILED
12 SEP -4 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/5/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Satori World Medical, 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:

Kristen Montez

Name of Person

Satori World Medical, Inc.

Firm/Company

591 Camino De La Reina, Suite 400

Address

San Diego, CA 92108

City/State and Zip code

k.montez@satoriworldmedical.com

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

For further information concerning this matter, please call:

Kristen Montez

Name of Person

at (619) 704-2015

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

**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. Satori World Medical, 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. California

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

3. 261389760

(FEI number, if applicable)

4. 11/8/2007

(Date of incorporation)

5. perpetual

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

6. July 1, 2012

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

7. 591 Camino De La Reina, Suite 400, San Diego, CA 92108

(Principal office address)

591 Camino De La Reina, Suite 400, San Diego, CA 92108

(Current mailing address)

8. A domestic and global healthcare network coordinating all medical and travel services for Florida-based plan sponsors and their employees.

(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

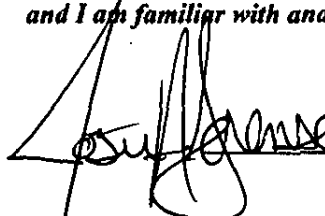
(City)

, Florida 33470

(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.

 on behalf of InCorp Services, Inc.
(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
12 SEP -4 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: John A. McMahon

Address: 26 Harbor Island
Newport Beach, CA 92660

Vice Chairman: _____

Address: _____

Director: Robert Erra

Address: 700 West 47th St., Suite 400
Kansas City, MO 64112

Director: James Buncher

Address: 5729 Lebanon Road #144
Frisco, TX 75034

B. OFFICERS

President: Steven Lash

Address: 591 Camino De La Reina, Suite 400
San Diego, CA 92108

Vice President: _____

Address: _____

Secretary: Conni Nelson

Address: 591 Camino De La Reina, Suite 400, San Diego, CA 92108

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Conni Nelson

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. Conni Nelson, Secretary

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

FILED

12 SEP -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Addendum: Board of Directors

James Mertz

5353 Fannin St. #1413

Houston, TX 77004

Len Mertz

427 W. Concho Ave.

San Angelo, TX 76903

Steven Lash

591 Camino De La Reina, Suite 400

San Diego, CA 92108

FILED
12 SEP -4 AM 11: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
12 SEP -4 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

SATORI WORLD MEDICAL, INC.

FILE NUMBER: C3054565
FORMATION DATE: 11/08/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 26, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

MAL