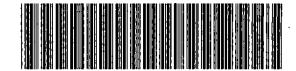
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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03/18/13--01048--023 **70.00

05/17/13--01006--024 **650.00

SECRETARY OF STATE BIVISION OF CORPORATIONS

112/ PS 5/20/13

RECEIVED

13 KAY 17 PH 12: 32

April 11, 2013

JAN MARIE DOUGHTY, CPA 3000 N ATLANTIC AVE, SUITE 208 COCOA BEACH, FL 32931

SUBJECT: MILTON ENDOSCOPY CENTRE INC.

Ref. Number: W13000016431

We have received your document for MILTON ENDOSCOPY CENTRE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 413A00008639

RECEIVED
13 MAY 14 PH 12: 31

My SIGH OF COMPORATION

www.sunbiz.org

an of Company in a D.O. DOV 6997 Wellaharan Elavida 9991



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2013

JAN MARIE DOUGHTY, CPA 3000 N ATLANTIC AVE, SUITE 208 COCOA BEACH, FL 32931

SUBJECT: MILTON ENDOSCOPY CENTRE INC.

Ref. Number: W13000016431

We have received your document for MILTON ENDOSCOPY CENTRE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 513A00006581

13 APR -8 PH 4: 48

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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJI	Milton Endoscony Cont	re. Inc	
SOBJI	BC11	- must include suffix	
Dear Si	ir or Madam:		
The end	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good Star referenced foreign corporation to transact business.	iding" and check are sub-	
Please	return all correspondence concerning this matter	to the following:	
Jan	Marie Doughty, CPA		
	Name of	Person	
Jan	Marie Doughty, CPA PLLC		
	Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·
300	0 N. Atlantic Ave, Suite 208		
Coc	oa Beach, FL 32931	ess	
	City/State a	nd Zip code	
Adm	in@JanDoughtyCPA.com		
	E-mail address: (to be used	for future annual report n	otification)
For fur	ther information concerning this matter, please of	eall:	
Jan	Doughty, CPA at 321	784-8329	
	Name of Person Area	Code & Daytime Telepho	one Number
Engloss	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
	ed is a check for the following amount: .00 Filing Fee	\$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.

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in I	lorida)
Canada	3.	98-1083630	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
-02/24/12	- 5/27/11 _{5.}	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perp	oetual")
2/24	11		
1		n Florida, if prior to registration)	
6055 Fore	est Park Drive	502, F.S., to determine penalty liability)	
03331016	(Principal office add	race)	
Mississau	ga, Ontario L5N 6X9 Canad	·	
	(Current mailing add		
	(0		
Resident	ial Rental Real Estate		ಪ
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	A
. Name and stree	et address of Florida registered agent: (P.O	O. Box NOT acceptable)	ŗ I ,
Name:	Jan Marie Doughty, CPA	\	M.
Name,			—————————————————————————————————————
ffice Address:	3000 N. Atlantic Ave, 20	<u>o</u>	=
	Cocoa Beach	, Florida 32931	υ,
	(City)	(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.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Chairman	13 MAY 17 PM 4: 16
Chairman:	
ddress:	
ice Chairman:	
ddress:	
irector: Hossam Makar	
ddress: 6955 Forest Park Drive	
Mississauga, Ontario L5N 6>	(9 Canada
irector:	
ddress:	
. OFFICERS	
resident:	
ddress:	
ice President:	
ddress:	
ecretary:	
ddress:	
reasurer:	
ddress:	
• ^	the application listing additional officers and/or directors.
he officer or director signing this document (and who	of Director or Officer o is listed in number 12 above) affirms that the facts stated herein ion submitted in a document to the Department of State constitutes
4. Hossam Makar	
(Typed or printed name and c	capacity of person signing application)

Request ID: .

015114378

Demande n°

Transaction ID: 50183169

Transaction n°:

Category ID: Catégorie :

Province of Ontario Province de l'Ontario

Ministry of Government Services

Ministère des Services gouvernementant

SECRETARY OF STATE OF

Date Report Produced: 2013/03/01

Document produit le :

Time Report Produced: 11:02:52

Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

MILTON ENDOSCOPY CENTRE INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002286518

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

MAY 27 MAI, 2011

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

MARCH 01 MARS, 2013

Directrice

The Issuance of this certificate in electronic form is authorized by the Ministry of Government Services. La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux,