F140000112

(Re	equestor's Name)	•			
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				

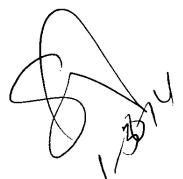
Office Use Only



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	COV	ER LETTER	e.b
TO N FUL			
TO: New Filing	g Section of Corporations		
	•		
SUBJECT: C/	AIR MEDICAL, IN		
	Name of cor	poration - must incl	ude suffix
Dear Sir or Madan	n:		
"Certificate of Exi		ood Standing" and o	on to Transact Business in Florida," check are submitted to register the la.
Please return all co	orrespondence concerning th	is matter to the follo	owing:
TODD TU			
	N	lame of Person	
CAIR MED	ICAL, INC.		
	Fi	rm/Company	
1045 NOR	TH SHEPARD		
	,	Address	
ANAHEIM,	CA 92806		
	City	/State and Zip code	;
TODD@CA	IRMEDICAL.COM		
	E-mail address: (to b	e used for future ar	nnual report notification)
For further information	ation concerning this matter,	please call:	
TODD TU	CKER at (7	′14 <u> </u>	1192
Name of I			vtime Telephone Number
		·	•
STREET/ New Filing	COURIER ADDRESS:		MAILING ADDRESS: Tew Filing Section
Division o	f Corporations	D	Division of Corporations
Clifton Bu	ilding utive Center Circle		O. Box 6327
2001 13800	anive Center CHCIE		attauassee. FL - 32,314

Tallahassee, FL 32301

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.	EDICAL, INC.			
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "(COMPANY," "CORPORATION,"	
me., co., (corp, inc, co, or corp.")			4
				KAL
			pted for the purpose of transacting business in	
		me ado	pted for the purpose of transacting business in	
_{2.} CALIFOI		3.		9
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	ض
4 10/07/19	99	5	Parnatus 1	20
(Date	e of incorporation)	J. (D	Perpetual uration: Year corp. will cease to exist or "perpending to the country of the country	petual")
6. 02/01/20		•		
U	(Date first transacted busines	ss in Flo	orida, if prior to registration)	
			F.S., to determine penalty liability)	
7, 1045 NO	RTH SHEPARD, ANAHE	IM,	CA 92806	
	(Principal office	address)		
1045 NOF	RTH SHEPARD, ANAHEII	M, C	A 92806	
	(Current mailing a	ddress)		
SALEGE	CUSTOMIZED WHIELD	1 1 4 15	OC TO MEDICADE DECIDIO	- NITO
··			RS TO MEDICARE RECIPIE	:1115
(Purpose(s	s) of corporation authorized in home state or	countr	y to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	
	UNITED STATES CORPORATION AGEN	YS. INC		
Name:			-	
Office Address:	13302 WINDING OAKS SU	ITE A	<u> </u>	
	TAMPA		, Florida 33612-3425	
	(City)		(Zip code)	
10 Degistered as	gent's acceptance:			
· · · Acgistered as	zone o 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.

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: A. DIRECTORS Chairman: TODD TUCKER Address: 1045 NORTH SHEPARD ANAHEIM, CA 92806 Vice Chairman: TODD TUCKER Address: 1045 NORTH SHEPARD ANAHEIM, CA 92806 TODD TUCKER Director: Address: 1045 NORTH SHEPARD ANAHEIM, CA 92806 Director: **B. OFFICERS** President: TODD TUCKER Address: 1045 NORTH SHEPARD ANAHEIM, CA 92806 Vice President: TODD TUCKER Address: 1045 NORTH SHEPARD ANAHEIM, CA 92806 TODD TUCKER Secretary: Address: 1045 NORTH SHEPARD, ANAHEIM, CA 92806 Treasurer: TODD TUCKER Address: 1045 NORTH SHEPARD, ANAHEIM, CA 92806 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

TODD TUCKER, PRESIDENT

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CAIR MEDICAL, INC.

FILE NUMBER:

C2148431

FORMATION DATE:

10/07/1999

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 January 15, 2014.

DEBRA BOWEN Secretary of State