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.

(((H14000163783 3)))



H140001837833ABC0

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

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number

: 120090000081 : (509)768-2249

Phone Fax Number

: (855)330-1010

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

Email Address;

14 JUL 10 AMII: 10

FOREIGN PROFIT/NONPROFIT CORPORATION SIGN FRACTURE CARE INTERNATIONAL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Blectronic Filing Menu

Corporate Filing Menu

Help

mo 7/11



July 10, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: SIGN FRACTURE CARE INTERNATIONAL

REF: W14000042470

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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

Maryanne Dickey Regulatory Specialist II New Filing Section FAX Aud. #: H14000163783 Letter Number: 914A00014833

SCHOOL MED 21

A)

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	SIGN FRACTURE CA	AKE IN LEH	RNATIONAL INC.		
Q	Name of corporation: must include the word "INCORPORATI mport in language as will clearly indicate that it is a corporation	BD" or "CORPO	RATION" or words or abbre	viations of like	
ii ii	nport in language as win clearly indicate that it is a corporation in the name at present. "Company" or "Co." may not be used as	a corporate suff	tural person of partnership it Ix by a nonprofit corporation	not so contained	į
	MA OCHILOTON	-			/b
2.	(State or country under the law of which it is incorporated)	·	N/A	- O I	
		-			,
4.	01/29/1999 5. (Date of Incorporation)	(Drootless W.	PERPETUAL	"perpetual")	7
	(Date of incorporation)	(Duration: Ye	PERPETUAL ar corp. will cease to exist or	"perpetual"),	
6.	N/	Ά .		当 二	
١	Date first conducted affairs in Florida if prior to registration. See	sections 617,1501	& 617.1502, F.S., to determine	ne penalty liability.)	
-	451 HILLS ST, STE B, I	SICHI AND A	NA 00354	**	
۲٠.	(Principal of	office address)	ITA 80007	 .	
		•	•	,	
	451 HILLS ST, STE B, F	RICHLAND, V	VA 99354		•
	(Curent)	mailing address)			
8.	TREATMENT OF FRACTURES TO ECON	OMICALLY E	ISADVANTAGED PE	RSONS .	
0.	(Purpose(s) of corporation authorized in home state or country	to be carried out	in the state of Florida)		
				•	
9.	Name and street address of Florida registered agent: (P.C), Box <u>NOT</u> ac	ceptable)		
	Name: NORTHWEST REGISTERED AGE	ENT, LLC			
	<u> </u>				
Ot	ffice Address: 3030 N. ROCKY POINT DR., STE	<u>15</u> 0A			
	·				
	TAMPA	, Florida	33607		
	(City)		(Zlp Code)		
14	0. Registered agent's acceptance:			p = 1	
\boldsymbol{H}	aving been named as registered agent and to accept seri	vice of process	for the above stated corpo	ration at the place	
de	signated in this application. I hereby accept the appoint	tment äs reviste	ered agent and agree to a	et in this canacity. I	
Ju ar	rther agree to comply with the provisions of all statutes ad I am familiar with and uccept the obligations of my p	reuuve to the position as reols	vroper and complete perji stered avent.	rmance of my auties,	
***			~		-
	har le				
	Ann-	•		•	
	9//	Dan K	een-Manager		
		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 addresses of officers and/or directors:
A. DIRECTORS
Chairman: LEWIS Z. ZIRKLE
Address: 451 HILLS ST, STE B, RICHLAND, WA 99354
Vice Chairman:
Address:
7.7
Director: CINDY JOHNSON
Address: 505 SWIT BLVD, RICHLAND, WA 99352
Director: RANDALL HUEBNER
Address: 18000 SW BANY RD, BEAVERTON, OR 97007
B. OFFICERS
President: LEWIS Z. ZIRKLE
Address: 451 HILLS ST, STE B, RICHLAND, WA 99354
DAALDALL LUIEDNED
Vice President: RANDALL HUEBNER
Address: 18000 SW BANY RD, BEAVERTON, OR 97007
NEANNE DU LNIED
Secretary: JEANNE DILLNER
Address: 47 VISTA CT, RICHLAND, WA 99354
Treasurer: CINDY JOHNSON
Address: 505 SWIT BLVD, RICHLAND, WA 99352
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13 han Surkle
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. LEWIS Z. ZIRKLE, CHAIRMAN/PRESIDENT (Typed or printed name and capacity of person signing application)

The State of



Washington

THE PARTY OF THE P

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seats, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SIGN FRACTURE CARE INTERNATIONAL

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/29/1999.

I FURTHER CERTIFY that as of the date of this certificate, SIGN FRACTURE CARE INTERNATIONAL remains active and has complied with the filing requirements of this office.

Date: July 3, 2014

UBI: 601-928-956



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State