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NAME:

KING'S MEDICAL GROUP, INC.

TYPE OF FILING: APPLICATION

COST:

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RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Filing Secti				
SUBJECT:	KING'S M	EDICAL GROUP, INC.			
Soboler.		Name of corpora	ition - must	include suffix	
Dear Sir or M	ladam:				
"Certificate of	of Existence	on by Foreign Corporation c," or "Certificate of Good a corporation to transact bu	Standing"	and check are sub	
Please return	•	ondence concerning this m	atter to the	following:	
		Nam	e of Person		
NATIONAL	SERVICE IN	NFORMATION, INC			
		Firm/	Company		
145 BAKER	ST 				
		A	Address		
MARION, O	HIO 43302				
TANA BOU	rovnica.	•	ate and Zip	code	
TAKA.ROW.	E@KINGSN	IEDICAL.COM E-mail address: (to be u	sed for fut	ire annual report r	notification)
For further in	nformation	concerning this matter, ple			······,
JILL PROBS	Т	at (⁷⁴⁰	38	7-6806	
Nar	ne of Person	n A	rea Code &	& Daytime Teleph	one Number
New Divi Clif 266	/ Filing Sec ision of Cor ton Buildin	porations g Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ction orporations 7
Enclosed is	a check for	the following amount:			
□ \$70.00 F	iling Fee	□ \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified 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.

	ation; must include "INCORPORATED," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavailable in	n Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)	
ОНЮ	3.			
	ler the law of which it is incorporated)	(FEI number, if applicable)		
11/22/99	5.	PERPETUAL		
	corporation)	(Duration: Year corp. will cease to exist or "perpetual")		
1/1/15		J	A. 😂	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
1920A GEORGETOV	(Principal office add WN ROAD HUDSON, OHIO 44236			
	(Current mailing add	iress)	9: 23	
Name and street add	dress of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	NRAI Services, Inc.			
ffice Address:	1200 South Pine Island Road			
	Plantation	, Florida		
	(City)	Zip code)		

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.

NRAI Services, Inc.

By:

Registered agent's signature)

NRAI Services, Inc.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SEE ATTACHED Address: __ Vice Chairman: ____ Address: __ Address: **B. OFFICERS** Address: Vice President: Address: _ Secretary: ___ Address: Treasurer: Address: _ 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.

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



Corporate Officer Resolution

Effective January 1, 2015

RESOLVED, that the following persons be, and they hereby are, elected by the Board of Directors as officers of the Corporation to serve until their successors are duly elected and qualified. The Corporation is defined as: Kings Medical Group, Inc (KMG); Kings Medical Company, QSSS (KMC); Kings Management and Leasing, LLC (KML); and Kings Medical Imaging Services, LLC (KMS).

William Newton

Chief Executive Office and ESOP Trustee

Kimberly Jacobs

Chief Operating Officer/Treasurer

David Sweitzer

Director of Operations

Gail Davis

Secretary

Addressof the Officers & Directors : 1920A Georgetown RD Hudson Ohio 44236

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KING'S MEDICAL GROUP, INC., an Ohio a Corporation, Charter No. 1118143, having its principal location in Hudson, County of Summit, was incorporated on November 22, 1999, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of March, A.D. 2015.

Ohio Secretary of State

Validation Number: 201506300611