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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

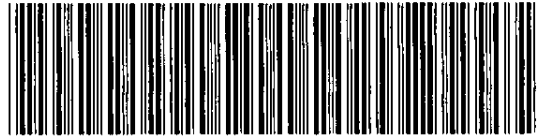
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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

APR 28

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONARCH MEDICAL IMAGING EQUIPMENT, 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:  
MONA ABBOD

Name of Person  
MONARCH MEDICAL IMAGING EQUIPMENT, INC  
Firm/Company  
101 ELLIS STREET  
Address  
STATEN ISLAND, NEW YORK 10307  
City/State and Zip code  
SALES@MONARCHMEDICAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONA ABBOD      718      317-0124  
Name of Person      at (      )      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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.*

MONARCH MEDICAL IMAGING EQUIPMENT, INC

1. \_\_\_\_\_  
(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)

NEW YORK, USA

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
DECEMBER 28, 2004  
(Date of incorporation) (Date of duration, if other than perpetual)

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

1029 IONIA AVE, STATEN ISLAND, NEW YORK 10309  
7. \_\_\_\_\_  
(Principal office address)

101 ELLIS STREET, STATEN ISLAND, NY 10307  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: EMILE HENEIN

Office Address: 3520 OAKS WAY

POMPANO BEACH, Florida 33069  
(City) (Zip code)

**9. 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)

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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: MICHAEL ABBOUD

Address: 1029 IONIA AVE

STATEN ISLAND, NEW YORK 10309

Vice President: MONA ABBOUD

Address: 1029 IONIA AVE

STATEN ISLAND, NY 10309

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. Monet Abboud

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MICHAEL ABBOUD, PRESIDENT

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

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TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of MONARCH MEDICAL IMAGING EQUIPMENT, INC. was filed on 12/28/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 22nd day of April two  
thousand and sixteen.*

*Anthony Giardina*

Executive Deputy Secretary of State