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(Requestor's Name)

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(City/State/Zip/Phone #)

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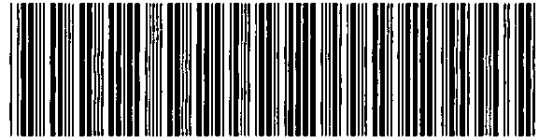
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**DATE:** 7/6/17

**NAME:** MEDICAL PROFESSIONALS INC.

**TYPE OF FILING:** APPLICATION

**COST:** 78.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*atHodge*

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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. Medical Professionals, Inc.

(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)

2. California

(State or country under the law of which it is incorporated)

3. 33-0267251

(FEL number, if applicable)

4. 11/20/1987

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. July 9, 2017

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

7. 5935 Cornerstone Court West, Suite 240, San Diego, California 92121

(Principal office address)

P.O. Box 910569 San Diego, California 92191

(Current mailing address)

8. Employment/staffing agency

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee


(City)

, Florida 32301

(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.

 Milton Vang, Assistant Secretary  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: Richard Bramwell

Address: 12463 Ranch Bernardo Road #138

San Diego, California, 92128

Director: Timothy J. Culver

Address: P.O. Box 5134

Whitefish, Montana 59934

**B. OFFICERS**

President: Richard Bramwell

Address: 12463 Rancho Bernardo Road #138

San Diego, California 92128

Vice President: \_\_\_\_\_

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

Secretary: Timothy J. Culver

Address: P.O. Box 5134, Whitefish, Montana 59934

Treasurer: Richard Bramwell

Address: 12463 Rancho Bernardo Road #138, San Diego, California, 92128

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

13. *Richard Bramwell*  
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.

14. Richard Bramwell, President

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

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TALLAHASSEE, FLORIDA

ADDENDUM TO THE APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

A. DIRECTORS (continued)

Director: Pamela G. Culver

Address: P.O. Box 5134

Whitefish, Montana 59934

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TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**  
**2017 JUL -6 AM 9:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ENTITY NAME:

MEDICAL PROFESSIONALS

FILE NUMBER: C1553311  
FORMATION DATE: 11/20/1987  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 July 05, 2017.

**ALEX PADILLA**  
**Secretary of State**