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DATE:

5/1/18

NAME: ULTRADIAGNOSTICS, INC.

TYPE OF FILING: APPLICATION

COST:

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RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

	tration Section on of Corporations				
SUBJECT:	UltraDiagnostics, Inc	,			
		Name of corpora	tion - mus	include suffix	
Dear Sir or Ma	adam:				
"Certificate of	"Application by Fore Existence," or "Cer sed foreign corporati	tificate of Good!	Standing"	and check are su	act Business in Florida," bmitted to register the
Please return a	Il correspondence co	oncerning this ma	atter to the	following:	
Demetrios Man	dilas				
		Name	of Person		
Morse Barnes-I	Brown & Pendleton				
		Firm/C	Company		
230 Third Aver	iue, 4th Floor				
		Ad	ddress		
Waltham, MA (	)2451				
		City/Stat	te and Zip	code	
gburningham@	ultra-diagnostics.com				
	E-mail a	address: (to be us	ed for futu	re annual report	notification)
For further infe	ormation concerning	this matter, plea	se call:		
	Demetrios Mandilas 781 622-5930 at ( )				
Name	of Person	Area (	Code	Daytime Telep	phone Number
Registi Divisio Clifton 2661 E	ET/COURIER ADITATION Section on Corporations Building Executive Center Circles See, FL 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a c	heck for the following	ng amount:			
□ \$70.00 Filin	_	5 Filing Fee & ficate of Status		5 Filing Fee & Tied Copy	S87.50 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.

l. UltraDiagnostic	es, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	,"
(If name unavail	able in Florida, enter alternate corporate name ade	onted for the nurpose of transactin	a husiness in Florida)
Delaware		0-1718297	g ousiness in Frontay
<del></del>	ry under the law of which it is incorporated)  5.	(FEI number, if ap	plicable)
· ·	of incorporation)	(Date of duration, if other	than perpetual)
б. <u></u>			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) c, F.S., to determine penalty liabili	ıy)
7. 124 Ashton Oaks	Drive, St. Augustine, FL 32092	<u> </u>	
	(Principal	office address)	S. S
	(Current mailing a	address, if different)	555
B. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	四年
Name:	Paul G. Burningham	_	ENTER ON OF STATE
Office Address:	124 Ashton Oaks Drive	<u> </u>	
	St. Augustine	. Florida 32092	
	(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.

11. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	18 MAY -1 AH 8:0
Chairman:	SECRETARY AM 8: 0
Address:	"HILAHASSEE FLOWE
	"04
Vice Chairman:	
Address:	
Director: Paul G. Burningham	
124 Ashton Oaks Drive, St. Augustine, FL 32092	
Director:	
Address:	
B. OFFICERS	
President: Paul G. Burningham	
Address: 124 Ashton Oaks Drive, St. Augustine, Fl. 32092	
Vice President:	
Address:	
Secretary: Paul G. Burningham	
Address: 124 Ashton Oaks Drive, St. Augustine, FL 32092	
Treasurer:	
Address: 124 Ashton Oaks Drive, St. Augustine, FL 32092	
NOTE: If necessary, you may attach an addendum-to the application listing additional	al officers and/or directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to t a third degree felony as provided for in s.817.155, F.S.  Paul G. Burningham	affirms that the facts stated herein he Department of State constitutes
13. Paul G. Burningnam	

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ULTRADIAGNOSTICS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"ULTRADIAGNOSTICS, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY

OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

18 MAY -1 AH 8: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Jeffrey W. Duffock, Secretary of State

Authentication: 202611881

Date: 05-01-18