

11/15/2018

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Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
International Medical Corps

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2018 NOV 20 PM 1:49

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Corporate Filing Menu

Help

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. International Medical Corps Inc

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(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. 95-3949646

(FEI number, if applicable)

4. 09/06/1984

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 12400 Wilshire Blvd Suit 1500, Los Angeles, CA 90025

(Principal office address)

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

(Current mailing address, if different)

8. Nonaligned, nonpolitical health care training and delivery organization

(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.O. Box NOT acceptable)

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

, Florida 33607

(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.



(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

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William Sundblad

Address: 12400 Wilshire Blvd Suite 1500

Washington DC, 90025

Director: _____

Address: _____

B. OFFICERS

President: Nancy Aossey

Address: 12400 Wilshire Blvd Suite 1500

Los Angeles, CA 90025

Vice President: Ky Luu

Address: 1313 L St. NW Suite 110

Washington, DC 20005

Secretary: Tia Pausic

Address: 1313 L St. NW Suite 110 Washington, DC 20005

Treasurer: Ingrid Renaud

Address: 1313 L St. NW Suite 110 Washington, DC 20005

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

13. Nancy Aossey
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nancy Aossey, President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

INTERNATIONAL MEDICAL CORPS

FILE NUMBER: C1317591
FORMATION DATE: 09/06/1984
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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 September 18, 2018.

ALEX PADILLA
Secretary of State