(Requestor's Name)				
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(Business Entity Name)				
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TOTALMED INC.

TYPE OF FILING: APPLICATION

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

assie Hodge

COVER LETTER

TO:	Registration : Division of C				
CUD	JECT:	•	TOTALMED IN	RC.	
SUB	JECI:	Name of	corporation - ı	nust include suffix	
Dear	Sir or Madam:				
"Сеп	ificate of Existe		f Good Standi	thorization to Transact ng" and check are subm in Florida.	itted to register the
	e return all corre n E. Ruswick	espondence concerning	g this matter to	the following:	TÄECÄHÄ
Huck	Bouma PC		Name of Per	son	B PH II
1755	South Naperville	Road. Suite 200	Firm/Compa	ny	Children of
Whea	aton. IL 60189		Address		
อกบรง	vick@huckbouma	.com; and jkeavy@huck			
For fi	urther informatio	E-mail address: on concerning this mat		future annual report no	tification)
Aaron E. Ruswick		630 L()	221-1755		
	Name of Pen		Area Code	Daytime Telepho	one 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		
Enclo	osed is a check fo	or the following amou	nt:		
□ \$7	70.00 Filing Fee	S78.75 Filing 1 Certificate of		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.

1.	TOTALMED INC.					
	(Enter name of c	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	n Florida)		
2	(State or country under the law of which it is incorporated) 04/12/2005		38-3719307			
4			(FEI number, if applicable)			
••	(Date of incorporation) Date of registration.		(Date of duration, if other than perpetual)			
6.						
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		28		
7.	221 W. College A	Ave., Floor 2, Appleton, WI 54911	nic	PH I		
(Pri			al office address)	<u>F.</u>		
•		(Current mailir	g address, if different)			
8.	Name and stree	et address of Florida registered agent: (P.C Florida Filing & Search Services, Inc.	D. Box <u>NOT</u> acceptable)			
Of	Tice Address:	155 Office Plaza Drive	 -			
		Tallahassee	32301 , Florida			
		(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 3 signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Names and business addresses of officers and/or directors:							
A. DIRECTORS							
Chairman: Beck, Jason V							
Address:							
Vice Chairman:							
Address: 221 W. College Ave., Floor 2, Appleton, WI 54911							
Director:	7.: 20						
	SECOND TO						
Address:							
	0/2 M 1						
Director:	mc: P 11						
Address:	0 =						
	A CONTRACTOR OF THE CONTRACTOR						
B. OFFICERS							
President:							
Address: 221 W. College Ave., Floor 2, Appleton, WI 54911							
Vice President: Shah, Sejal ✓							
Address: 221 W. College Ave., Floor 2, Appleton, WI 54911							
Shah, Sejal Secretary:							
221 W. College Ave., Floor 2, Appleton, WI 54911 Address:	· · · · · · · · · · · · · · · · · · ·						
Shah, Sejal V							
Treasurer:							
Address:	<u> </u>						
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 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. Sejal Shah, Secretary							



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

TOTALMED INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE L'AWS OF THIS STATE ON APRIL 12, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE REEATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this **26TH**

day of

JUNE

A.D.

2019

Authentication #: 1917702620 verifiable until 06/26/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE