

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (614)290-3333
Fax Number : (954)203-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION
My Medical Hub Corporation

Certificate of Status	0
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Estimated Charge	\$78.75

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DEC 02 2019

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.*

MY MEDICAL HUB CORPORATION

1. MY MEDICAL HUB CORPORATION
(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. DELAWARE 3. 83-2228716
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. October 4, 2018 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. November 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13220 McCormick Drive, Tampa, Florida 33626
(Principal office address)

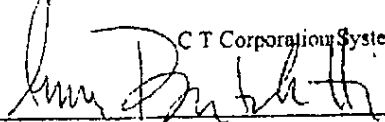
(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By:  C T Corporation System AMY BERTELETTI
(Registered agent's signature) VICE PRESIDENT

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

A. DIRECTORSChairman: Walter Groteke, President, Chief Executive Officer and DirectorAddress: 13220 McCormick DriveTampa, Florida 33626

Vice Chairman: _____

Address: _____

Director: Eric GrotekeAddress: 13220 McCormick DriveTampa, Florida 33626Director: Barry FitchAddress: 13220 McCormick DriveTampa, Florida 33626**B. OFFICERS**President: Walter GrotekeAddress: 13226 McCormick DriveTampa, Florida 33626

Vice President: _____

Address: _____

Secretary: Eric GrotekeAddress: 13226 McCormick Drive, Tampa, Florida 33626

Treasurer: _____

Address: _____

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

12.  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. Walter Groteke, President and Chief Executive Officer

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

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MY MEDICAL HUB CORPORATION" 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

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

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

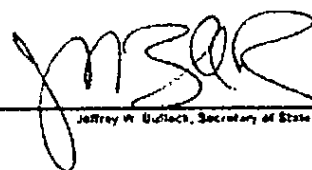
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SR# 20198304009

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 204086674

Date: 11-26-19