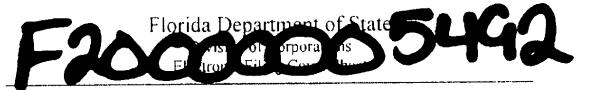
12/8/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000418910 3)))



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To:

Page: 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Curative Medical Associates Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

DEC - 8 2070

r. Brumpley

From: Kimberly Laughrey

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Enter name of co	Associates Inc.  orporation, must include "INCORPORATED,"	"COMPANY," "CORPORATIO	N,"	
"Inc., "Co.," 'Co	rp," "Inc." "Co," or "Corp.")			
			<del></del>	
	ble in Florida, enter alternate corporate name ac		ng business in Florida)	
California 	3. 8 (under the law of which it is incorporated)	85-4098687 (FEI number, if applicable)		
(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)	
		(Date of duration, if other		
(Date	of incorporation)	(Date of duration, if other	than perpetual)	
			<u></u>	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		liry)	
430 South Catego	et Ave., San Dimas, California 91773	2, 1, to determine penalty havin	,	
·		e <u>street</u> address)		
	(rtincijai ories	e <u>server</u> address)	-u	
	(Current mailing	address, if different)		
	(Carrier mann)	,	[27] [0]	
Name and stree	e address of Florida registered agent: (P.O.	Box NOT acceptable)	10 E	
			က်	T
Name:		<del></del>		
Office Address:	1200 South Pine Island Road			
	Plantation	Blorida 33324	192	
	(City)	(Zip code)		
Name:	t address of Florida registered agent: (P.O. CT Corporation System  1200 South Pine Island Road	 . Florida 33324	DELYINE FELF ANDE	2620 DEC -8 111 In: 1.7
	(City)	[florida	7	
		` '		
Having been nam	ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re-	ent as registered agent and agi	ree to act in this capa	city.
	omply with the provisions of all statutes re-	ition as registered agent.	eie perjormance of m	. 4841

(Registered agent's signature)

<sup>10.</sup> 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.

To: 18506176383 - 1 Page: 4 of 5 2020-12-08 09:57:27 CST 12122023573 From: Kimberly Laughrey

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	430 South Cataract Ave.	□Vice Chairman	Address: 430 South Cataract Ave.			
□Director	San Dimas, California 91773	□Director	San Dimas, California 91773			
■ President		TPresident				
□ Vice President		□Vice President				
<b>D</b> Secretary	■ Treasurer	Secretary	□Treasurer			
□Other		Other	Other			
⊡Chairman	Name:	I Chairman	Name:			
TVice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
☐Other		□Other				
□Chairman	Name:	∐Chairman	Name:			
□ Vice Chairman	Address:	∃Vice Chairman	Address:			
□Director		_1Director				
J1President		DPresident				
□Vice President		□Vice President				
□Secretary	Treasurer	TiSecretary	Treasurer			
□Other	Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
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 of 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.

To: 18506176383 \* ' Page: 5 of 5 2020-12-08 09:57:27 CST 12122023573 From: Kimberly Laughrey



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: CURATIVE MEDICAL ASSOCIATES INC.

File Number: C4666595 Registration Date: 11/30/2020

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 6, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 December 7, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R5A6JWR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.