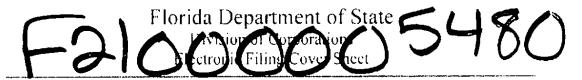
9/23/21, 12:17 PM

Division of Corporations

12122023573



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.

(((H210003571573)))



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To:

' Page: 3 of 6

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (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.

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION PACIFIC MEDICAL, INC.

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

Electronic Filing Menu Corporate Filing Menu

Help

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.

Pacific Medica 1. (Enter name of	l, Inc. corporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")			
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting busine	ess in Florida)	
CA 2.	3.			
(State or count	ry under the law of which it is incorporated)			
4	c of incorporation) 5.	(Date of duration, if other than per	rpetual)	
6				
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
1700 N. Chrisma	an Road, Tracy, California 95304-9314	• •		
/·	(Principal	office address)		
	(O	11 :61:0		
	(Current matting	address, if different)	2.12	
8. Name and stre	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	2#21 ST	
Name:	C T Corporation System		Ω ω	:
Office Address:	1200 South Pine Island Road		P	<i>:</i> :
271100 71441 0301	Plantation,	33324 Florida		
	(City)	, Florida(Zip code)	_	
Having been nar designated in thi further agree to	gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rel familiar with and accept the obligations of r	nt as registered agent and agree to a ative to the proper and complete perj	ct in this capacit	ace ty. I
	C T Corporation System			
В	y: Omise L	Sell ,Denise Bell, Assistant Se	cretary	
•	(Registered ag	ent'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.

To: +18506176383 * Page: 5'of 6 2021-09-23 10:19:56 CST 12122023573 From Kimberly Laughrey

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

A. DIREC	CTORS
Chairman:	,
Address: _	
Vina Chaim	nan:
Address: _	
Director:	eff Leonard
1	700 N. Chrisman Road, Tracy, California 95304-9314
Address: _	
Director:	eff Petlansky
-	700 N. Chrisman Road, Tracy, California 95304-9314
Address	
B. OFFIC	
	Jeff Petlansky
	1700 N. Chrisman Road, Tracy, California 95304-9314
Address	
Was bassid	Mark Weaver (CLO)
	1700 N. Chrisman Road, Tracy, California 95304-9314
Address: _	
Secretary:	Jeff Petlansky
-	1700 N. Chrisman Road, Tracy, California 95304-9314
Treasurer:	Jeff Leonard
	1700 N. Chrisman Road,Tracy, California 95304-9314
_	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	
7	Signature of Director or Officer
are true at	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
	Weaver, General Counsel/C.L.O.
	(Typed or printed name and capacity of person signing application)



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: PACIFIC MEDICAL, INC.

File Number: C1848422 Registration Date: 12/16/1992

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of July 27, 2021 (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 July 27, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YW2VKNZ

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