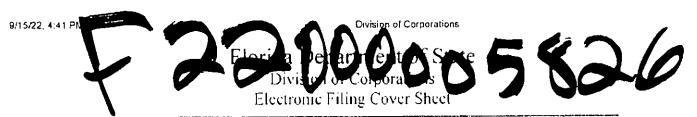
Page: 3 of 6



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Help

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

12122023573

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.

(Enter name of c	orporation; must include "INCORPORATED,	" "COMPAN	VY," "CORPORATION."			
"inc.," "Co.," "C	erp," "Inc." "Co," or "Corp.")		, , , , , , , , , , , , , , , , , , , ,			
	able in Florida, enter alternate corporate name	adopted for the				
New York	3.	incorporated) (FEI number, if applicable)				
(State or countr	y under the law of which it is incorporated)	~ ~~~	(FEI number, if applicable)			
10/04/2012	5.					
(Date of incorporation)		5. (Date of duration, if other than perpetual)				
· • • • • • • • • • • • • • • • • • • •						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if p 502, F.S., to d	rior to registration) letermine penalty liability)	3775		
807 Elmwood A	venue Suite 1B Buffalo NY 14207			Ü		
	(Principal offi	ce <u>street</u> add	ress)	<u></u>		
	(Current mailin	g address, if	different)			
			,			
Name and <u>stree</u>	(Current mailing): (Current mailing): (Current mailing): (P.Current mailing): (Current mailing): (P.Current mailin		,			
Name and <u>stree</u> Name:			,			
Name:	address of Florida registered agent: (P.C		,	7:10		
Name:	at address of Florida registered agent: (P.C C T Corporation System		,	1925:3 1/2 PI 2:10		
Name:	et address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road). Box <u>NOT</u>	_acceptable)	21.6		
Name: fice Address: Registered ago ving been nam ignated in this ther agree to co	et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation	PL ce of process nent as regis elative to the	acceptable) 33324 (Zip code) s for the above stated corporatered agent and agree to act.	ition at the pla in this cangeit		

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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	S				
Z Chairman	Diane Bella Name:	□Chairman	Name:		
Li Vice Chairman	Address: 26200 Glenhaven Drive	□Vice Chairman			
□Director	Wesley Chapel, Florida 33544	☐Director		***	
□President		□President			
∐Vice President		E: Vice President			
☐Secretary	☐ Treasurer	☐ Secretary		LTreasurer	
Other	□Other	□Other		□Other	\$40 Miles No. 444-44
IIChairmun	Name:	© Chairman	Name:		
⊒Vice Chairman	Address:	□Vice Chairman	Address:		
LiDirector		□ Director		····	
President		□ President			
□Vice President		☐Vice President			
DSecretary	□Treasurer	D Secretary		⊡Treasurer	2022
Other	Other	□Other		ElOther	12.27
JChairman	Name:	□ Chairman	Name:		5 Pl
DVice Chairman	Address:	□Vice Chairman	Address:		
Director		DDirector			18
President		□President			
CVice President		DVice President			
Secretary	☐ Treasurer	□ Secretary		[]Treasurer	
Other		□Other		□Other	
nportant Notice: Undividuals may be	Ise an attachment to report more than six (6). The added to the inflax when filmigsyour Florida Dept	utment of State Annual Rep	oort form.		
	Signature of Direc	tor or Officer	·		
he officer or directe is aware that fall 817.155, F.S.	tor signing this document (and who is listed in nu- ise information submitted in a document to the De	imber 11 above) aftirms the epartment of State constitut	it the facts state es a third degre	ed herein are true to felony as provi	and that he ided for in
3. Diane Bella	- Director				
	(Typed or printed name and capacity of	person signing application)			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MEDCOR STAFFING INC.

DOS ID Number: 4304092

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 10/04/2012

Statement Status: CURRENT Statement Due Date: 10/31/2024

2022 St. 15 PH 2: 1

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 25, 2022 at 03:32 P.M.

Brandon Co Heylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes Executive Deputy Secretary of State

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