

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

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

Email Address: reillyga@leidos.com

FOREIGN PROFIT/NONPROFIT CORPORATION

QTC Medical Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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2024 MAY -1 PM 4:49

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

FILED

2024 MAY -1 PM 1:29

DEPARTMENT OF STATE

TALLAHASSEE, FL

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. QTC Medical Services, Inc.
(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. California 3. 06-1642940
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/07/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 924 Overland Court, San Dimas, CA 91773
(Principal office street address)
1750 Presidents Street, Reston, VA 20190
(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 FL 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.

SEAN L. EMERICK, ASSISTANT SECRETARY

By: _____

(Registered agent'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.

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

FILED
2024 MAY -1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Elizabeth M. Porter

☐ Vice Chairman Address: _____

☒ Director 1750 Presidents Street, Reston,

☒ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert W Scott

☐ Vice Chairman Address: _____

☐ Director 1750 Presidents Street, Reston,

☐ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Senior Vice President for Real Estate ☐ Other _____

☐ Chairman Name: Matthew Birk

☐ Vice Chairman Address: _____

☐ Director 1750 Presidents Street, Reston,

☐ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Assistant Secretary ☐ Other _____

☐ Chairman Name: Cyril Arsac

☐ Vice Chairman Address: _____

☐ Director 1750 Presidents Street, Reston,

☐ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Treasury Accounts Officer ☐ Other _____

☐ Chairman Name: Marcia L. Brown

☐ Vice Chairman Address: _____

☐ Director 1750 Presidents Street, Reston,

☐ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other Treasury Accounts Officer ☐ Other _____

☐ Chairman Name: Daniel J. Antal

☐ Vice Chairman Address: _____

☒ Director 1750 Presidents Street, Reston,

☐ President VA, 20190

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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. Henrique B. Canarim

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. HENRIQUE BERTOLO CANARIM, SECRETARY

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

QTC Medical Services, Inc.

Management Structure

Address: 1750 Presidents Street, Reston, VA 20190

Name	Title
Elizabeth M. Porter	President and Director
Robert W Scott	Senior Vice President for Real Estate
Matthew Birk	Assistant Secretary
Cyril Arsac	Treasury Accounts Officer
Marcia L. Brown	Treasury Accounts Officer
Daniel J. Antal	Director
Henrique Bertolo Canarim	Secretary
James Councille Leak	Treasurer
Rae Klugys	Asst. Secretary



Secretary of State Certificate of Status

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

Entity Name: QTC MEDICAL SERVICES, INC.
Entity No.: 2376833
Registration Date: 02/07/2002
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 April 23, 2024.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate No.: 203092119

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.