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### **COVER LETTER**

TO:	Registration Section Division of Corporations						
CHDI	Nortwest M	fedical Physics Center					
SUDJ	ECT:	Name of Corporati	on – must in	clude suffix	<del></del>		
Dear S	Sir or Madam:						
Affairs	s in Florida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporat	crtificate of	Status" and ch	eck are submitted to		
Please	return all corresp	ondence concerning this ma	itter to the fo	ollowing:			
	William	Bryan Jackson					
		Name o	of Person				
	Nortwes	Medical Physics Center					
		Firm/C	Company		<u>_</u>		
	11314 4th Ave W, Suite 110						
		Ad	dress		<del></del>		
	Everett,	WA 98204					
		City/State a	ınd Zip Code	e .	<del></del>		
	bjackson	@nmpc.org					
	E-n	nail address: (to be used for	future annua	l report notifie	ation)		
For fu	rther information	concerning this matter, plea	se call:				
Willia	m Bryan Jackson	at (	509	833-8859			
•	Name o	of Person	Area Code	Daytime Tel	ephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please		the following amount: c to: FLORIDA DEPARTME  \$78.75 Filing Fee &  Certificate of Status	□\$78.75 I	TE Filing Fee & Ted Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy		

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unav	ailable in Florida, enter alternate corporate name adopted for the purpose of transa	acting business in Flori	ida)
Washington S	State 3.		
(State or cou	intry under the law of which it is incorporated)  (FEI number, if a	oplicable)	
1972	Date of Incorporation)  5. (Date of duration, if o		
	Date of Incorporation) (Date of duration, if o	ther than perpetual)	
Feb 3 2025			
(Date first conc	ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.,	S, to determine penalty i	liability.
11314 4th Ave	e W, Suite 110, Everett, WA 98204		
•	2 W, Suite 110. Everett, WA 98204  (Principal office street address)	<del>-</del>	
Medical Physi (Purpose(s) of	es and Dosimetry Consulting Services corporation authorized in home state or country to be carried out in the state of Fl		<u></u>
Name and str	reet address of Florida registered agent: (P.O. Box NOT acceptable)	TACLA	LO MAR
	reet address of Florida registered agent: (P.O. Box NOT acceptable)	IACLAHA	LO MAR I I
	reet address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Patricia Fisher		A II SHE CAN
	reet address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Patricia Fisher		MAR I I PH L
	Patricia Fisher  6701 White Blossom Circle		

11. 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.

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

A. DIRECTOR  □Chairman	S Darryl Kaurin Name:	□Chairman	Name: Daniel Lewis Northwest Medical Physics Cente Address: 11314 4th Ave W, Suite 110 Everett, WA 98204	
□ Vice Chairman	Northwest Medical Physics Cente	□Vice Chairman		
Director	11314 4th Ave W. Suite 110	□ Director		
■President	Everett, WA 98204			
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	Treasurer	
■Other: CEO	☐ Other:	©OO ■Other:	Other:	
□Chairman	Name: William Bryan Jackson  Northwest Medical Physics Cente	□Chairman	Name: Trevor Fitzgerald  Northwest Medical Physics Cente	
□Director	11314 4th Ave W, Suite 110	□Director	11314 4th Ave W, Suite 110	
□President	Everett, WA 98204	□President	Everett, WA 98204	
□Vice President		□Vice President	-	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
■Other: CFO	Other:	■Other:	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other:	Other:	□Other:	□Other:	
Non-indexed indiv	Notice: Use an attachment to report more than siduals may be added to the index when filing you have the control of the contro	ur Florida Department o	of State Annual Report form.  12 of the application)	

# The State of Washington

# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

### NORTHWEST MEDICAL PHYSICS CENTER

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/07/1972.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/28/2025 UBI Number: 600 101 678



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 02 28 2025