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CCH LEGAL INFORMATION SERVICES

454 Howard Mallard  
Bank Building  
Minneapolis, MN 55401  
Tel 612 333 4315  
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November 1, 1996

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Diagnostic Medical Systems Inc.  
Order #: 561716

Dear Sir or Madam:

As requested by counsel, we enclose for filing  
qualification documents on behalf of this corporation  
together with funds in payment of the required fees.  
This document should be filed as soon as possible.

Evidence of the filing should be returned to this office.

If you have any questions or if for any reason the filing  
cannot be effected promptly, please notify this office of  
the details by calling our toll-free number: 1-800-626-  
1773.

Very truly yours,

*Molly Williams*  
Molly A. Williams  
Customer Specialist

/maw

Enclosure(s)

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
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. Diagnostic Medical Systems Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. North Dakota

(State or country under the law of which it is incorporated)

3. 45-0314852

(FEI number, if applicable)

4. June 28, 1972

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. P.O. Box 5258, 2201 North University Drive

Fargo, ND 58105-5258

(Current mailing address)

8. To sell and service diagnostic medical imaging equipment and associated supplies and  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of accessories.  
Florida)

9. Name and street address of Florida registered agent:

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

CT CORPORATION SYSTEM

By: Susan J. Warner

(Registered agent's signature) (Officer)

Susan J. Warner - Asst. Sec.

(Type Name and Title of Officer)

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. Names and addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHED ADDENDUM**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. OFFICERS SEE ATTACHED ADDENDUM**

President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. B.F.P. II  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Benjamin F. Potter II, Treasurer  
(Typed or printed name and capacity of person signing application)

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**DIAGNOSTIC MEDICAL SYSTEMS, INC.**

**Directors:**

N. Bruce Thom  
Route 5, Box 245  
Fergus Falls, MN 56537

Dennis Emmen  
808 East Glen Way  
Fergus Falls, MN 56537

Doug Kjellerup  
1201 Concord Street North  
Fergus Falls, MN 56537

John MacFarlane  
911 Arlington Street South  
Fergus Falls, MN 56537

Jay Myster  
1420 Brenvel Drive  
Fergus Falls, MN 56537

Gary Spies  
Route 6, Box 249  
Fergus Falls, MN 56537

**Officers:**

N. Bruce Thom - Chairman  
Route 5, Box 245  
Fergus Falls, MN 56537

Michael Hofer - President  
Rural Route 1, Roundhill Drive  
Fargo, ND 58104

Lauris N. Molbert - Vice President & Assistant Secretary  
4484 Oak Creek Drive  
Fargo, ND 58104

Gerard W. Sinner - Vice President  
842 - 7th Street Court  
Casselton, ND 58012

Doug Kjellerup - Secretary  
1201 Concord Street North  
Fergus Falls, MN 56537

Benjamin F. Potter II - Treasurer & Vice President Operations &  
Finance  
4949 - 16th Avenue S.W., #122  
Fargo, ND 58103

Sally Duval - Controller  
2319 South 26 $\frac{1}{2}$  Court  
Fargo, ND 58103

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# State of North Dakota



## CERTIFICATE OF GOOD STANDING

OF

DIAGNOSTIC MEDICAL SYSTEMS, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that DIAGNOSTIC MEDICAL SYSTEMS, INC., a North Dakota business corporation, was incorporated in this office on June 28, 1972 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota business corporation.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

DIAGNOSTIC MEDICAL SYSTEMS, INC.

Dated: October 29, 1996

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger  
Secretary of State

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