# F96000005976

TO: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Med One Marketing, Inc. (Name of corporation - must include suffix)	5000020081852 -11/19/9601120011
Dear Sir or Madam:	****400.00 ****400.00
The enclosed "Application by Foreign Corporation for Authorization Florida", "Certificate of Existence", and check are submitted to regist foreign corporation to transact business in Florida.	to Transact Business in er the above referenced
Please return all correspondence concerning this matter to the following	ng:
John W. Johnson Jr.  (Name of Person)  Med One Marketing, Inc.  (Firm/Company)	
6995 Union Park Center, Ste. 180 (Address)  Midvale, UT 84047 (City/State/Zip)	SECRETARY OF COR
Should you need to call someone concerning this matter, please call:	AHII: 50
John Johnson at ( 801 (Area Code	2) 566-6433 & Daytime Telephone Number)
formula as a grand)	11/16

### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 1, 1996

JOHN W. JOHNSON JR %MED ONE MARKETING INC 6995 UNION PARK CENTER, STE 180 MIDVALE, UT 84047

SUBJECT: MED ONE MARKETING, INC. Ref. Number: W96000020685

We have received your document for MED ONE MARKETING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$400.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 096A00044854

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 14, 1996

JOHN W. JOHNSON JR %MED ONE MARKETING INC 6995 UNION PARK CENTER, STE 180 MIDVALE, UT 84047

SUBJECT: MED ONE MARKETING, INC.

Ref. Number: W96000020685

We have received your document for MED ONE MARKETING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Michael Mays Document Specialist

Letter Number: 496A00046641

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

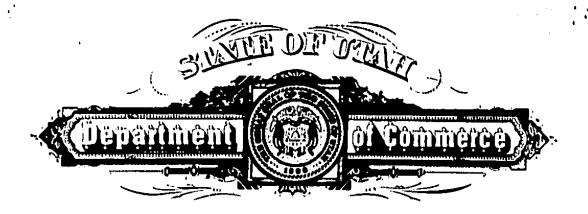
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The one farkering, the
1. Med One Marketing, 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 Utah 3. 87-0502004
2. Ucah (State or country under the law of which it is incorporated) 3. 87~0502004 (FEI number, if applicable)
4. January 1, 1994 (Date of Incorporation)  5. Duration: Year corp. will cease to exist or "perpetual")
6,April 1994
6. April 1994 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. 6995 Union Park Center, Suite #180  Midvale, UT 84047
Midvale, UT 84047
(Current mailing address)  8. Lease or Rent Medical Equipment (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
8. Lease or Rent Medical Fourinment
8. Lease or Rent Medical Equipment (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Fiorida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:CT Corporation Systems
Office Address: 1200 So. Pine Island Road
Plantation , Florida , 33324 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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.  (Registered agents signature)  (Registered agents signature)  (Marcia J. Sunahara, Asst. Vice President delivery of this application to the Department of State by the Secretary of State or other

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	RS (Street address only- P. O . Box NOT acceptable)  Larry R. Stevens
	6995 Union Park Center, Suite #180
Vice Chaleman	Midvale, UT 84047
Addraga	John W. Johnson Jr.
	6995 Union Park Center, Suite #180
	Midvale, UT 84047
	Brent H. Allen
	6995 Union Park Center. Suite #180
	Midvale, UT 84047
Address:	
P OFFICERS	
	(Street address only- P. O. Box NOT acceptable)
President:	Larry R. Stevens
Address:	6995 Union Park Center, Suite #180
<del></del>	Midvale, UT 84047
Vice President: _	Brent H. Allen
Address:	Brent H. Allen  6995 Union Park Center, Suite #180
<del></del>	Midvale, UT 84047
	John W. Johnson Jr.
	6995 Union Park Center, Suite #180
	Midvale, UT 84047
Address:	
NOTE: If necessary	ary, you may attach an addendum to the application listing additional ectors.
13. Okk	Jona Vin Printert.
Signature	Chairman, Voe Chairman, or any officer listed in number 12 of the application)
47. <u>John W. J</u> (	Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box NOT acceptable)



### CERTIFICATION OF GOOD STANDING

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE HEREBY CERTIFIES THAT

### MED ONE MARKETING, INC.

is a Utah corporation and is qualified to transact business in the State of Utah, and that its most recent annual report required by Utah lawn has been filed, and that Articles of Dissolution have not been filed. A Certificate of Incorporation was issued from this office on October. 21, 1992 and said corporation is in good standing, as appears of record in the offices of the Division.

This certification is not intended to reflect the financial condition, business activity or practices of this corporation.

File Number: CO 165426



Dated this	3rd	day
of	September	. 19_96
Koz	la 5. Wood	la

Korla T. Woods Director, Division of

Corporations and Commercial Code