

F990000001466

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Global Medical Group, Inc. dba National Labs
(Name of corporation - must include suffix)

400002809224--1

-03/17/99--01066--001

*****87.50 *****87.50

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barry W. Bennett

(Name of Person)

The Stanley Wines Law Firm, P.A.

(Firm/Company)

Post Office Box 860

(Address)

Winter Haven, Florida 33882

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Barry W. Bennett

(Name of Person)

at (941) 299-1263

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 17 PM 4:14

FILED

VL3/17

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. Global Medical Group, 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. Tennessee
(State or country under the law of which it is incorporated)
3. 621767239
(FEI number, if applicable)
4. January 26, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 26, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3251 Poplar Avenue, Ste.# 100
Memphis, TN 38111
(Current mailing address)
8. Orthopedic Manufacturing, Sales and Distribution
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Sherry Knapp
Office Address: 101 Orange Co Circle, NE
Winter Haven, Florida, 33881
(Zip code)
10. 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.

Sherry Knapp
(Registered agent's signature)

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.

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TALLAHASSEE FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: Gregory PilantAddress: 3511 Davishire Memphis, TN 38133Vice Chairman: Juan PaezAddress: 15325 Turkey Foot Road Damestown, MD 20878Director: Charles BowenAddress: 94 South Greet Memphis, TN 38133Director: Carol Hiemstra-PaezAddress: 15325 Turkey Foot Road Damestown, MD 20878**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregory P. Pilant

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

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TALLAHASSEE FLORIDA

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/17/1999
REQUEST NUMBER: 99048107
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/26/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0364650
JURISDICTION: TENNESSEE

TO:
GREGORY P. PILANT
3511 DAVIESHIRE DR

MEMPHIS, TN 38133

REQUESTED BY:
GREGORY P. PILANT
3511 DAVIESHIRE DR

MEMPHIS, TN 38133

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"GLOBAL MEDICAL GROUP INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/17/99

FROM:
GREGORY P. PILANT
3511 DAVIESHIRE DR.

MEMPHIS, TN 38133-0000

RECEIVED:	FEES =	
	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002434976
ACCOUNT NUMBER: 00227092



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE