

ECRS
403 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
22-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-16-99

REF. #: 0173.7587

CORP. NAME: Advanced Medical Procedures,
Inc

W99-16505

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> CERT. OF AUTHORITY | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
99 JUL 16 PM 4:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

STATE FEES PREPAID WITH CHECK# 14931 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

500002934155--4
-07/19/99--01002--017
*****70.00 *****70.00

COST LIMIT: \$ _____

PLEASE RETURN:

LC 7/21

☐ CERTIFIED COPY

TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

99 JUL 21 AM 9:10

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 19, 1999

CCRS
ATTN: CINDY HICKS

SUBJECT: ADVANCED MEDICAL PROCEDURES, INC.
Ref. Number: W99000016505

We have received your document for ADVANCED MEDICAL PROCEDURES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 099A00036837

TELEPHONE: (949) 790-6300
FACSIMILE: (949) 790-6301
WRITER'S DIRECT DIAL: (949) 790-6487
EMAIL: fjackson@brobeck.com

BROBECK
PHLEGER &
HARRISON
LLP
ATTORNEYS AT LAW

38 TECHNOLOGY DRIVE
IRVINE
CALIFORNIA 92618-5312
www.brobeck.com

July 20, 1999

Via Facsimile

[COMPANY LETTERHEAD]

Mr. Lee Rivers
Examiner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: Advanced Medical Procedures, Inc., a Delaware Corporation -
Application to Transact Business in Florida as a Foreign
Corporation under Section 607.1503

FILED
99 JUL 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Mr. Rivers:

I, Jerry Anderson, as the Managing Member of Advanced Medical Procedures, LLC, a Florida limited liability company hereby consent to the use of the name Advanced Medical Procedures, Inc., a Delaware corporation in the State of Florida for the purpose of its filing the Application by Foreign Corporation for Authorization to Transact Business in Florida, as it is a related entity of Advanced Medical Procedures, LLC.

Very truly yours,

ADVANCED MEDICAL PROCEDURES LLC

By: _____
Jerry Anderson
Managing Member

Attachment: Certificate of Merger filed in State of Delaware

cc: J.R. Kang, Esq. - BPHIrvine
William R. Hughes, CFO and Secretary - Advanced Medical Procedures, Inc.

**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. Advanced Medical Procedures, 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. Delaware
(State or country under the law of which it is incorporated)
3. Pending
(FEI number, if applicable)
4. June 29th, 1999
(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 817.155, F.S.)
7. 7 Studebaker
Irvine, CA 92618
(Current mailing address)
8. Mobile medical service
(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: NRAI Services, Inc.
Office Address: 526 East Park Avenue
Tallahassee, Florida, 32301
(Zip code)

FILED
99 JUL 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

NRAI Services, Inc.

Charles Baclet

(Registered agent's signature)
Charles Baclet, Vice President

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: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Paul W. Mikus

Address: 7 Studebaker, Irvine, CA 92618

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Paul W. Mikus

Address: 7 Studebaker, Irvine, CA 92618

Vice President: _____

Address: _____

Secretary: William R. Hughes

Address: 7 Studebaker, Irvine, CA 92618

Treasurer: William R. Hughes

Address: 7 Studebaker, Irvine, CA 92618

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. William R. Hughes, Chief Financial Officer and Secretary

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

FILED
99 JUL 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1


I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED MEDICAL PROCEDURES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED MEDICAL PROCEDURES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
99 JUL 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA




Edward J. Freel, Secretary of State

3063223 8300

991288486

AUTHENTICATION:

9864347

DATE:

07-14-99