

F990000003792

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: COASTAL MEDICAL RESEARCH, INC.
(Name of corporation - must include suffix)

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:

John D. Desbrow, Esq.

(Name of Person)

Law Offices of John D. Desbrow

(Firm/Company)

18952 MacArthur Blvd. Suite 110

(Address)

Irvine, CA 92612

(City/State/Zip)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00

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

John D. Desbrow

(Name of Person)

949

553-8216

at (

(Area Code & Daytime Telephone Number)

W99-16449

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 16, 1999

JOHN D. DESBROW
LAW OFFICES OF JOHN D DESBROW
18952 MACARTHUR BLVD, STE 110
IRVINE, CA 92612

SUBJECT: COASTAL MEDICAL RESEARCH, INC.
Ref. Number: W99000016449

We have received your document for COASTAL MEDICAL RESEARCH, 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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 799A00036718

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned James L. Weese, do hereby certify
(Name)

that this Resolution of the Board of Directors of Coastal Medical Research, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Nevada

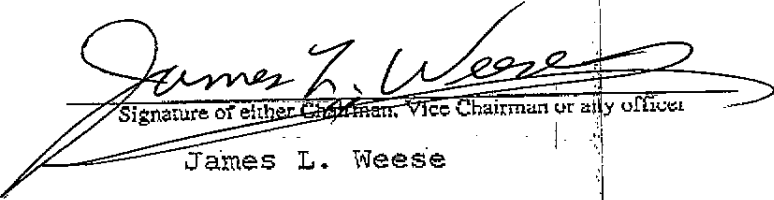
was duly adopted on July 23, 1999

Be it resolved, that Coastal Medical Research, Inc.
(Corporate Name)

organized and existing in the State of Nevada, hereby adopts the name

Weese Medical Group, Inc. for use in Florida.

Dated: July 23, 1999


Signature of either Chairman, Vice Chairman or any officer

James L. Weese

Type or print name

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SECRETARY OF THE
DIVISION OF CORPORATIONS
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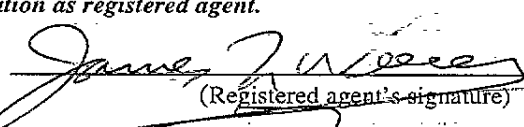
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. COASTAL MEDICAL RESEARCH, 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. NEVADA 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 6, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. May 11, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10544 Bessent Road North, Jacksonville, FL 32218-5028
(Current mailing address)
8. Medical Research
(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: James L. Weese, Ph.D.
- Office Address: 10544 Bessent Road North
Jacksonville, Florida, 32218
(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.


(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.

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: James L. Weese, Ph.D.

Address: 10544 Bessent Road North

Jacksonville, FL 32218

Vice Chairman: _____

Address: _____

Director: Charles Winney, CPA

Address: 10544 Bessent Road North

Jacksonville, FL 32218

Director: Peter B. Raven, Ph.D.

Address: 10544 Bessent Road North

Jacksonville, FL 32218

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

President: James L. Weese, Ph.D.

Address: 10544 Bessent Road North

Jacksonville, FL 32218

Vice President: _____

Address: _____

Secretary: James L. Weese, Ph.D.

Address: 10544 Bessent Road North

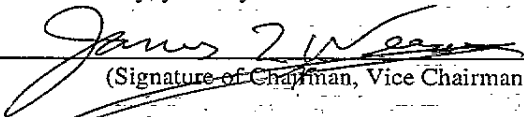
Jacksonville, FL 32218

Treasurer: Charles Winney, CPA

Address: 10544 Bessent Road North

Jacksonville, FL 32218

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

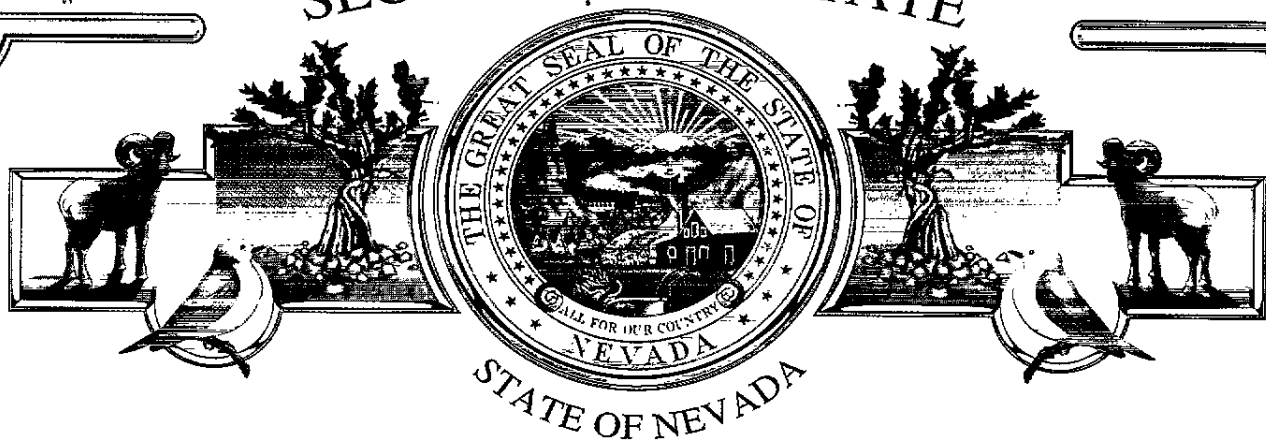
13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James L. Weese, Ph.D. President
(Typed or printed name and capacity of person signing application)

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FILED
SECRETARY
JUL 26 11 18 AM '99

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COASTAL MEDICAL RESEARCH, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 6, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 7, 1999.

Dean Heller

Secretary of State

By

Kelley R. Oaverport
Certification Clerk

