F99000005947

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: PMC Modifical Systems 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 transact business in Florida.	on to
Please return all correspondence concerning this matter to the following: -11/15/99 ******70.0 (Name of Person)	01129002
MC Medical Systems Inc. (Firm/Company) 2000 Palm Beh Lakes Bluel 4757	HLM
2000 Palm Beh Lakes Blid 4777.	
(Address)	
West Palm Bch PC 33409	
(City/State/Zip)	9 <u>P</u>
Should you need to call someone concerning this matter, please call: Wellow Gust at (Sol) 683-811	PILED STORES ON 66 ON 66 ON 66 ON 64
(Name of Person) (Area Code & Daytime Telephone Number)	BD DF STATE RFORATION AM II: 20
	TION 20

COURIER 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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

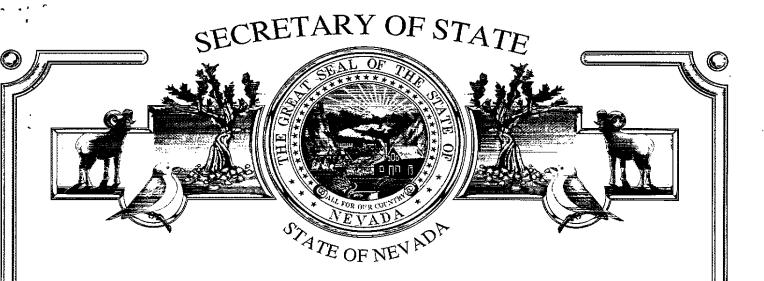
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language 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. US-0942-52/ (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. <u>6-24-99</u> 5	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
1. 2000 Palm BCW Lakes Blud #777	
West Palm Boh FC 33109	
(Current mailing address)	•
8. Sale of medical equepment (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	DI
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	SECRETA VISION OF
Name: Color Color Color	87
Office Address: 2000 Palm Bch Lake Block #777	AROPA STS STS
West Palm BcL, Florida, 33409	TIONS TIONS
(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 design 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 v and accept the obligations of my position as registered agent.	
Charlene W Gust	
(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

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

of which it is incorporated.

	CTORS (Street address only - P.O. Box NOT acceptable)
Vice Chai	rman:
Director:	
Director:	
	•
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)
President:	Idan ainsley
Address: _	2000 Palm Bch lakes Blud #777
	West Palm Bch, PC 33409
Vice Presid	ent: <u>laudia Caplan</u>
Address: _c	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	West Halm Beh, 19h 33409
Secretary:	Claudia Captar
Address: _	2000 Palm ibch lakes blid 4717
	West talin Beh, IL 33409
Treasurer:	Clan tunsley
Address:	2000 Palm BCD lakes Block #777
t	West Palm BCD 12 33409
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
.3.	(Signature of Chairman All of
4	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person signing application)



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, PMC MEDICAL SYSTEMS INC., as a corporation organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 23, 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 October 27, 1999.

Secretary of State

S. J. Jall

Certification Clerk