

F99000005947

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PMC Medical 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 to transact business in Florida.

Please return all correspondence concerning this matter to the following:

200003044642--9
-11/15/99--01129--002
*****70.00 *****70.00

Charlene Gust

(Name of Person)

PMC Medical Systems Inc.

(Firm/Company)

2000 Palm Bch Lakes Blvd #777

(Address)

West Palm Bch FL 33409

(City/State/Zip)

MJH

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

Charlene Gust

(Name of Person)

at (561) 683-811

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
99 NOV 15 AM 11:20

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. Pmc medical systems 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. 65-0942521
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6-24-99 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon acceptance
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2000 Palm Bch Lakes Blvd #777
West Palm Bch FL 33409
(Current mailing address)

8. sale of medical equipment
(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: Charlene Gust

Office Address: 2000 Palm Bch Lakes Blvd #777
West Palm Bch, Florida, 33409
(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.

Charlene 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 of which it is incorporated.

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

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Alan Ainsley

Address: 2000 Palm Bch Lakes Blvd #777
West Palm Bch, FL 33409

Vice President: Claudia Caplan

Address: 2000 Palm Bch Lakes Blvd #777
West Palm Bch, FL 33409

Secretary: Claudia Caplan

Address: 2000 Palm Bch Lakes Blvd #777
West Palm Bch, FL 33409

Treasurer: Alan Ainsley

Address: 2000 Palm Bch Lakes Blvd #777
West Palm Bch FL 33409

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

13. [Signature]

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

14. Alan Ainsley president

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

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, **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.



Dean Heller

Secretary of State

By

S. J. J. J. J.

Certification Clerk