

# F99000006083

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Applied Measurement Professionals, 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:

Debbie Farrow

(Name of Person)

Applied Measurement Professionals, Inc.

(Firm/Company)

8310 Nieman Road

(Address)

Lenexa, KS 66214-1579

(City/State/Zip)

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

Debbie Farrow

(Name of Person)

at ( 913 ) 541-0400 ext. 377

(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

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TALLHASSEE, FLORIDA

YB  
F-23-99

**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. Applied Measurement Professionals, 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. Kansas

(State or country under the law of which it is incorporated)

3. 48-0940267

(FEI number, if applicable)

4. July 16, 1982

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 10, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8310 Nieman Road

Lenexa, KS 66214-1579

(Current mailing address)

8. Administering professional certification and licensure examinations.

(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)

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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.*

DeLana Lundgren asst. sec.

(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: William E. Burgin, Jr., MD

Address: 2601 Hospital Blvd., Suite 117

Corpus Christi, TX 78405

Director: Ralph E. Dirksen

Fred Louis III

Address: 23933 W. 175th Street

300 South Wacker Dr., Suite 2400

Gardner, KS 66030

Chicago, IL 60606

Director: James H. Hayes, MHA

Paul L. Goldiner, MD

Address: 19730 Encino Brook

1 Gustave L Levy Pl, Box 1010

San Antonio, TX 78259

New York, NY 10029

Director: Robert M Lawrence, MD

Larry R. Ellis, MBA, RRT

Address: 902 North Landing Road

2435 Forest Drive

Rochester, NY 14625

Columbia, SC 29204

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

President: Steven K. Bryant

Address: 8310 Nieman Road

Lenexa, KS 66214-1579

\*Vice President:

Address: \_\_\_\_\_

Secretary: Thomas C. Tinstman, MD

Address: 2800 Rockcreek Parkway

Kansas City, MO 64117-2551

Treasurer: Gregg L. Ruppel, MEd, RRT

Address: 3635 Vista at Grand

St. Louis, MO 63104

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

13. 

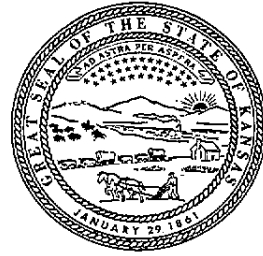
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Steven K. Bryant, President

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

# STATE OF KANSAS

OFFICE OF  
SECRETARY OF STATE  
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

APPLIED MEASUREMENT PROFESSIONALS, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 16th day of July, A.D. 1982 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause to be affixed my official seal.  
Done at the City of Topeka, this 30th day of September, A.D. 1999



*Ron Thornburgh*

RON THORNBURGH  
SECRETARY OF STATE

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SECRETARY OF STATE  
TOPEKA, KANSAS