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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Mobile PET 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:

Evan Mead Stone, Esq.

(Name of Person)

Kolodny & Pressman, A.P.C.

(Firm/Company)

11975 El Camino Real, Suite 201

(Address)

San Diego, CA 92130-2542

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Evan Mead Stone

(Name of Person)

at ( 858 ) 453-0309

(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


**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. Mobile PET 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. Delaware 3. 33-0831137  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/21/85 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 6/1/99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2240 Shelter Island Drive, Suite 205  
San Diego, CA 92106  
(Current mailing address)
8. Providing medically-related services consisting of mobile positron emission  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) tomography services.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Robert V. Smith
- Office Address: 6500 NE 20th Way  
Ft. Lauderdale, Florida, 33308  
(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: Paul J. Crowe

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

Vice Chairman: \_\_\_\_\_

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

Director: Tom Brown

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

Director: Brent Nelson

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

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

President: Paul J. Crowe

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

Vice President: \_\_\_\_\_

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

Secretary: Tom Brown

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

Treasurer: Tom Brown

Address: 2240 Shelter Island Dr., Suite 205

San Diego, CA 92106

**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. Paul J. Crowe

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

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TALLAHASSEE, FLORIDA

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBILE PET SYSTEMS, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOBILE PET SYSTEMS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 1985.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

0087296

DATE:

11-17-99

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SECRETARY OF STATE  
DELAWARE