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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

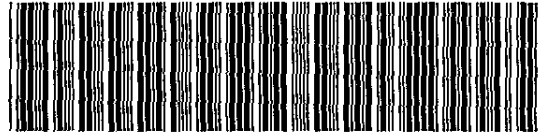
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**FRIEDMAN, ROSENWASSER & GOLDBAUM**

A PROFESSIONAL ASSOCIATION

ATTORNEYS AND COUNSELORS AT LAW

THE PLAZA • SUITE 801

5355 TOWN CENTER ROAD

BOCA RATON, FLORIDA 33486

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TELEFAX (561) 368-9274

TELEPHONE (561) 395-5511

August 3, 2005

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Application By Foreign LLC For Authorization To Transact Business In Florida –  
Virtual Medical Systems, LLC**  
Our File: 5728.1000

Dear Sir or Madam:

Please find enclosed a completed Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for *Virtual Medical Systems, LLC*, along with the completed Certificate of Designation of Registered Agent and a check for \$155.00 to cover the filing fee, designation of registered agent fee, and the fee for a certified copy.

Should you require any additional information please do not hesitate contacting me.

Sincerely,



Deborah Love  
Assistant to Ronald N. Rosenwasser

enc.

cc.: Ronald N. Rosenwasser

**FILED**

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Virtual Medical Systems, LLC

(Name of foreign limited liability company)

2. Alaska

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. July 8, 2005

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or  
"perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 7200 W. Camino Real, Suite 300, Boca Raton, FL 33433

(Street address if principal office)

8. If limited liability company is a manager-managed company, check here ☒

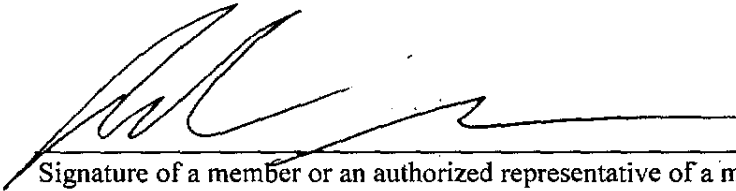
9. The name and usual business addresses of the managing members or managers are as follows:

Brad Goldstein

7200 W. Camino Real, Suite 300, Boca Raton Florida 33433

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical testing and any services ancillary thereto.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document  
constitutes an affirmation under the penalties of perjury that the facts stated here are true.)

Brad Goldstein

Typed or printed name of signee

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO  
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  
Virtual Medical Systems, LLC

2. The name and the Florida street address of the registered agent and office are:

Ronald N. Rosenwasser  
Friedman, Rosenwasser & Goldbaum, P.A.  
(Name)

5355 Town Center Road, Suite 801  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton, FL 33486  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Ronald N. Rosenwasser  
(Signature)

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

Alaska Entity # 94991

**State of Alaska**  
**Department of Commerce, Community, and Economic**  
**Development**

**CERTIFICATE**  
**OF**  
**GOOD STANDING**

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

**VIRTUAL MEDICAL SYSTEMS, LLC**

on the 8th day of July, 2005 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 8th day of July, 2005.

*Edgar Blatchford*

Edgar Blatchford  
Commissioner

Certification Number: 51289-1

Verify this certificate online at <https://myalaska.state.ak.us/business/soskb/verify.asp>