

Division of Corporations

Page 1 of 1

P13000072001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000192771 3)))



H130001927713ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HOLLAND & KNIGHT
Account Number : 075350000340
Phone : (407) 425-8500
Fax Number : (407) 244-5288

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tblada@medicompinc.com**FOREIGN PROFIT/NONPROFIT CORPORATION****Medicomp Telemedical Systems, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

13 AUG 29 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

8/30

Electronic Filing Menu

Corporate Filing Menu

Help

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. Medicomp Telemedical Systems, Inc.
(Enter name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.,"
"Co." or "Corp.")
2. Delaware
(State or country under the law of which it is incorporated)
3. _____
(FET number, if applicable)
4. 08/09/2013
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7845 Ellis Road, Melbourne, FL 32904
(Principal office address)
- Same
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized
(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 NOT acceptable)
Name: Corporate Creations Network Inc.
Office Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida, 33410
(City) (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.*
By: Valerie Hawk-Donohue Valerie Hawk-Donohue, Special Secretary
(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 or other official having custody of corporate records in
the jurisdiction under the law of which it is incorporated.

13 AUG 29 4 10 PM '13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Director: Anthony Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

Director: Daniel Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

Director: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Chief Executive Officer: Daniel Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

President: Anthony Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

Secretary: Daniel Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

Treasurer: Daniel Balda

Address: 7845 Ellis Road, Melbourne, FL 32904

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

13. 

(Signature Director or Officer)

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14.

Anthony Balda, President

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 29 AM 14:02

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICOMP TELEMEDICAL 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICOMP TELEMEDICAL SYSTEMS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 AUG 29 AM 11:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5381101 8300

131037987

You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0700187

DATE: 08-29-13