

# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0005403008  
Date Filed: 9/11/2023 1:22:00 PM

1. The name of the entity is: LIFEFORCE MEDICAL P.A.

2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

Business Corporation                       General Partnership

Nonprofit Corporation                       General Cooperative Association

Limited Liability Partnership               Limited Partnership (Including a limited liability limited partnership)

Limited Liability Company                 Statutory Trust, Business Trust, or Common-law Business Trust

Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: CALIFORNIA  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:  
100 WILSHIRE BLVD STE 700, SANTA MONICA, CA 90401  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

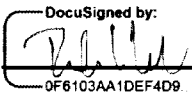
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)

8. Name and street address of registered agent in Idaho:  
Cogency Global Inc. 1555 W. Shoreline Drive Suite 100 Boise, ID 83702  
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Russel Van Maele</u>	<u>President</u>	<u>100 WILSHIRE BLVD STE 700, SANTA MONICA, CA 90401</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Russel Van Maele

Signature:   
DocuSigned by: \_\_\_\_\_  
OF6103AA1DEF4D9

Capacity: President

Secretary of State use only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B0837-0359 09/11/2023 1:22 PM Received by Office of the Idaho Secretary of State

# *State of Florida*

## *Department of State*

I certify from the records of this office that LIFEFORCE MEDICAL P.A. is a corporation organized under the laws of the State of Florida, filed on November 19, 2021.

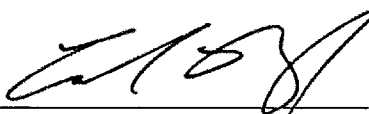
The document number of this corporation is P21000099006.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on September 7, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighth day of September, 2023*



  
Secretary of State

Tracking Number: 5465661808CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>