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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

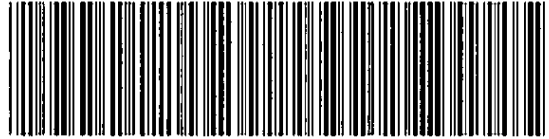
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 19 PM 3:16

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Diagnostic Management Consulting, Inc

**SUBJECT:** \_\_\_\_\_  
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," or "Certificate of Good Standing" 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:  
RONALD FITZBERTRAM SHALLOW

\_\_\_\_\_  
Name of Person  
Diagnostic Management Consulting, Inc

\_\_\_\_\_  
Firm/Company  
2042 Wooddale Drive Suite 250

\_\_\_\_\_  
Address  
Woodbury, Minnesota 55125

\_\_\_\_\_  
City/State and Zip code  
rshallow@gmx.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Shallow	813	943-4083
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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**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.*

Diagnostic Management Consulting, Inc

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Diagnostic Management Advisors, Inc

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Minnesota 99-2308704

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
01/16/2007

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_ *Not Applicable - have not transacted business in Florida*  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
13575 58th Street North Suite 200 Clearwater Florida 33760

7. \_\_\_\_\_  
(Principal office address)  
13575 58th Street North Suite 200 Clearwater Florida 33760  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Ronald F Shallow

Name: \_\_\_\_\_

10662 Grand River Drive

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

Tampa

33647

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**9. 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.*

*Ronald F. Shallow*  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Ronald F Shallow

Chairman:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Vice Chairman:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Director:

10662 Grand River Drive Tampa Florida 33647

Address:

Director:

Address:

**B. OFFICERS**

Ronald F Shallow

President:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Vice President:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Secretary:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Treasurer:

10662 Grand River Drive Tampa Florida 33647

Address:

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

12. \_\_\_\_\_

*Ronald F Shallow*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. \_\_\_\_\_

*Ronald F. Shallow*

*President, VP, Secretary and Treasurer*

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

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Diagnostic Management Consulting, Inc.
Date Filed:	01/16/2007
File Number:	2183076-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/09/2024



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

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Firm/Company  
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Address  
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\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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_____	at ( _____ )	_____
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*Ronald F. Shallow*

(Registered agent's signature)

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FILED  
2024 JUN 19 PM 3:11

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Chairman:

10662 Grand River Drive Tampa Florida 33647

Address:

Ronald F Shallow

Vice Chairman:

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Address:

Ronald F Shallow

Director:

10662 Grand River Drive Tampa Florida 33647

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Director:

Address:

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Ronald F Shallow

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Ronald F Shallow

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