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Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/29/2017 12:52 PM  
Fee Receipt: \$145.00

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**MEDICAL MULTIPLEX, INC.**

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is August 29, 2017.

I further certify that MEDICAL MULTIPLEX, INC. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is March 24, 1994, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29<sup>th</sup> day of August, 2017.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
0328328



Alison Lundergan Grimes  
Secretary Of State  
Filings Division  
P.O. Box 718  
Frankfort, KY 40602-0718

**0328328**  
**IMPORTANT NOTICE**

### **NOTICE**

#### **Keep this copy for your records**

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

#### **How to obtain a full page copy of your business filing**

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at [www.sos.ky.gov](http://www.sos.ky.gov). If you would like to request copies of the document from our office, please download the Records Request Form at [www.sos.ky.gov](http://www.sos.ky.gov) and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

**MEDICAL MULTIPLEX, INC.**  
**% NATIONAL HEALING CORPORATION**  
**5220 BELFORT ROAD**  
**SUITE 200**  
**JACKSONVILLE FL 32256**