

F13000000285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

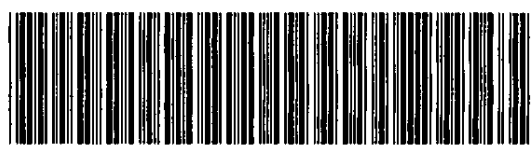
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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01/07/13--01008--003 \*\*2150.00

12/12/12--01022--007 \*\*78.75

FILED  
13 JAN 18 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/22  
~~13~~  
8

W12-62023

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Grove Medical, Inc.

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:

Melissa Selig

Name of Person

Grove Medical, Inc.

Firm/Company

1089 Park West Blvd

Address

Greenville, SC 29611

City/State and Zip code

melissas@grovemedical.com

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

For further information concerning this matter, please call:

Melissa Selig

Name of Person

at ( 864 ) 269-0283

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



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13 JAN 18 PM 1:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2013

MELISSA SELIG  
1089 PARK WEST BLVD  
GREENVILLE, SC 29611

SUBJECT: GROVE MEDICAL INCORPORATED  
Ref. Number: W12000062023

We have received your document for GROVE MEDICAL INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 212A00029634

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. Grove Medical, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
GROVE MEDICAL SOUTH CAROLINA, INC  
~~GROVE MEDICAL INCORPORATED~~  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
- 2. USA - SC 3. 57-0866600  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. April, 1988 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. 2001  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


- 7. 1089 Park West Blvd Greenville, SC 29611  
(Principal office address)  
same  
(Current mailing address)

- 8. Distribution of medical supplies to long-term care facilities  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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TALLAHASSEE FLORIDA

- \*9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

 Terrell Kearney Asst. 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 of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

**A. DIRECTORS**

Chairman: See attached

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: See attached

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

*Melissa G. Selig*  
Signature of 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. MELISSA G. SELIG / CFO / Asst Secy

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

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TALLAHASSEE FLORIDA

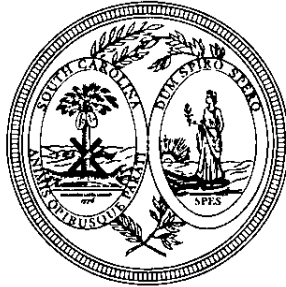
**Grove Medical Officers and Shareholders**

Name	Officer	Title	DOB	SS#	Address	Phone #	Ownership %
Larry Dean Lollis	Officer/Owner	President	07/24/51	248-92-1994	103 Rockport Ave., Greer SC 29650	864-414-5141	24.00%
Michael Marion Merritt	Officer/Owner	CEO/Secy/Treas	05/14/54	249-96-2034	706 Watermark Ln, Anderson SC 29625	864-414-1176	18.00%
Janet Elrod Childress	Owner	Owner/Director	01/04/64	247-13-3565	100 McAlister Lake Dr, Easley SC 29642	864-855-4494	13.33%
Michael Harrison McBride	Owner	Owner/Director	09/13/58	248-25-6723	202 Kilgore Circle, Simpsonville SC 29681	864-915-1816	13.33%
John Patrick Obrien	Owner	Owner/Director	06/05/44	251-72-4674	PO Box 972, Easley SC 29640	864-304-3344	13.34%
Robert Scott Williams	Officer/Owner	Executive VP	07/03/56	262-27-7064	206 Waterford Ln, Greer SC 29650	864-238-4123	9.34%
Melissa Grimes Selig	Officer/Owner	CFO/Asst Secy/Asst Treas	07/13/67	240-35-3622	215 Walnut Trace Ct, Simpsonville SC 29681	864-414-2586	4.33%
David Harris York	Officer/Owner	VP Purchasing	01/03/62	242-27-8325	19 Chinaberry Ln, Simpsonville SC 29680	864-313-5147	4.33%
Michael Peter Laico	Officer	VP Operations	05/06/57	249-04-5805	175 Laurel Ridge Rd, Greenville SC 29609	864-616-4791	0.00%
<b>Total</b>							<b>100.00%</b>

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
13 JAN 18 PM 2:57

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# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**GROVE MEDICAL, INC.,**

a corporation duly organized under the laws of the State of South Carolina on April 19th, 1988, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code and that the corporation has not filed articles of dissolution as of the date hereof.

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SECRETARY OF STATE  
COLUMBIA, SOUTH CAROLINA  
DEC 3 2:57 PM '12

Given under my Hand and the Great Seal of the State of South Carolina this 3rd day of December, 2012.

  
Mark Hammond, Secretary of State