# F00000064444

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Leonard Medical Market	ina Inc	
(Name of corporati	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	register the above referenced	
Please return all correspondence concerning this matte	•	The second secon
Stephen C. Leonard (Name o	6 D )	
(Name o	I Person)	•
Leonard Medical Mare (Firm/Co	keting, Inc.	
Z4601 Deer TRACE D	kive	
Ponte Vedex Beach, P (City/State	1 32082	·
(City/State	and Zip code)	OO SE(
For further information concerning this matter, please	call:	FILE NOV 13 PRETARY O LAHASSEE
Steve Leonaud at (904 (Name of Person) (Area	1 280-5602	
(Name of Person) (Area	Code & Daytime Telephone	Number 9: 39
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	4/20
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$ Certificate of Status	S \$78.75 Filling Fee & G Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### 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.	Leonard Medical Marketing, Inc.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2.	Georgia 3. 58-1969469 (State or country under the law of which it is incorporated) (FBI number, if applicable)	
4.	Nov 21, 1991  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	Angust 1, 2000	
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	24601 Deer TRACE Drive, Ponte Veder Berch, FL 32082 (Principal office address)	
	24601 Deer Trace Orive, Ponte Veder Beach, FL 32082 (Current mailing address)	
8.	Sales Representative - Medical Supplies  (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 or Mail Drop Box NOT acceptable)	٦ =
	Name: Stephen C- Leonaud  Florida 32082  Stephen C- Leonaud  Florida 32082	П
0	ffice Address: 24601 DeenTrace Daive	•
	Ponte Veder Beach, FL, Florida 32082 (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.

(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: Stephen C. Leonand	
Address:Z4601 Deer Trace Drive	
Address: <u>24601 Deer Trace Drive</u> Ponte Vedra Beach, FL 32082	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	70
B. OFFICERS	OO   SECTALL
resident: Stephen C-Leonand	AFET NOV T
Address: 24601 Deen Trace Devie	SSE LE
Ponte Veder Beach, FL 32082	FIS R
	DRID 9.
ice President:	)
Address:	
ecretary: Stephew C. Leonard	
ddress: 24601 Deer Trace Bosch, FL 32082	
reasurer:	
ddress:	
NOTE: If necessary, you may attach an addendum to the application li	sting additional officers and/or directors.
3. V Stople C. Fr	
(Signature of Chairman, Vice Chairman, or any officer	listed in number 12 of the application)
4 Chairman, Stephen C. Leonand	
(Typed or printed name and capacity of person	signing annlication)

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 003050498
CONTROL NUMBER : K120701
DATE INC/AUTH/FILED: 11/21/1991
JURISDICTION : GEORGIA
PRINT DATE : 10/31/2000

FORM NUMBER : 211

LEONARD MEDICAL MARKETING, INC.

ATTN: STEPHEN C. LEONARD

298 VILLAGE PKWY.
MARIETTA, GA 30067

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that \_\_\_

## LEONARD MEDICAL MARKETING, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not certify whather or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State