

# F02000006280

FILED  
02 DEC 17 AM 11:42  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDCARE, 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", 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:

JEFF VERNON (Name of Person) 000007842720--0  
-09/19/02--01024--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

MEDCARE, Inc. (Firm/Company)

107-A DAVID GREEN ROAD (Address)

BIRMINGHAM AL 35244 (City/State and Zip code) **AL**

W02-27417

For further information concerning this matter, please call:

JEFF VERNON at ( 205 ) 985-7300  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

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02 DEC 17 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 20, 2002

JEFF VERNON  
107-A DAVID GREEN ROAD  
BIRMINGHAM, AL 35244

SUBJECT: MEDCARE, INC.  
Ref. Number: W02000027417

We have received your document for MEDCARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 502A00053688



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

FILED  
02 DEC 17 AM 11:42  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

October 15, 2002

JEFF VERNON  
107-A DAVID GREEN ROAD  
BIRMINGHAM, AL 35244

SUBJECT: MEDCARE, INC.  
Ref. Number: W02000027417

We have received your document for MEDCARE, INC. and your check(s) totaling \$70.00. 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

THE CERTIFICATE OF EXISTENCE MUST BE FROM THE SECRETARY OF STATE NOT THE DEP. OF REVENUE.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 302A00057443

STATE OF ALABAMA



OFFICE OF THE SECRETARY OF STATE

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02 DEC 17 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JIM BENNETT  
SECRETARY OF STATE

P.O. BOX 5616  
MONTGOMERY, AL 36103-5616

December 4, 2002

MEDCARE INC  
ATTN JEFF VERNON  
107 A DAVID GREEN ROAD  
BIRMINGHAM AL 35244

Re: Medicare, Inc.

Dear Sir or Madam,

This will acknowledge receipt of request for certificate on the above named corporation and your check in the amount of \$5.00.

I am enclosing the certificate(s) regarding the above named corporation.

Sincerely,

A handwritten signature in cursive script that reads "Jim Bennett".

JIM BENNETT  
Secretary of State

JB:vb

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned JEFFREY D. VERNON, do hereby certify  
(Name)

that this Resolution of the Board of Directors of MEDCARE, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of ALABAMA

was duly adopted on SEPTEMBER 30<sup>th</sup>, 2002

Be it resolved, that MEDCARE, INC.  
(Corporate Name)

organized and existing in the State of ALABAMA, hereby adopts the name

MEDCARE PHARMACY SERVICES OF FLORIDA, INC. for use in Florida.

Dated: 9/30/02

Jeffrey D. Vernon President  
Signature of either Chairman, Vice Chairman or any officer

JEFFREY D. VERNON  
Type or print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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DEPARTMENT OF STATE  
TALLAHASSEE, 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. MEDCARE, 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. ALABAMA 3. 63-1247605  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/15/2000 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. "UPON QUALIFICATION"  
(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. 4854 WOODBINE ROAD, PACE, FL 32571  
(Principal office address)

107-A DAVID GREEN ROAD, BIRMINGHAM, AL 35244  
(Current mailing address)

8. Retail + Wholesale Sales of Pharmaceuticals  
(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)

Name: JEFF VERNON

Office Address: 4854 WOODBINE ROAD

PACE, Florida 32571  
(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.*

x Jeff Vernon  
(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:

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A. DIRECTORS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

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

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

B. OFFICERS

President: JEFF VERNON

Address: 107-A David Green Road  
BIRMINGHAM, AL 35244

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

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

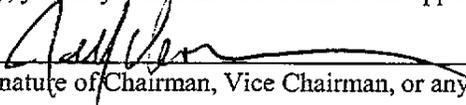
Secretary: \_\_\_\_\_

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

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

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

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

13. ✓   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEFFREY VERNON  
(Typed or printed name and capacity of person signing application)

# STATE OF ALABAMA

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I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Medicare, Inc. incorporated in Jefferson County, Birmingham, Alabama on March 15, 2000. I further certify that the records do not disclose that said Medicare, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 4, 2002

Date

*Jim Bennett*  
Jim Bennett

Secretary of State