

F03000000620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

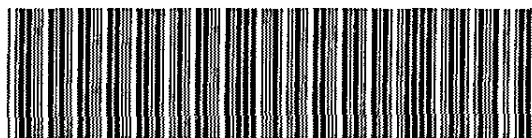
(Document Number)

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Special Instructions to Filing Officer:

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03 FEB -6 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 31, 2003

GARY E. KASKISTO  
DISCOUNT MEDICAL SUPPLY, INC.  
1504 OLD MOODY BLVD., SUITE #7  
BUNNELL, FL 32110

SUBJECT: DISCOUNT MEDICAL SUPPLY, INC.  
Ref. Number: W03000002913

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TALLAHASSEE, FLORIDA

We have received your document for DISCOUNT MEDICAL SUPPLY, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

Please note that the addition of the words "FLORIDA" or "OF FLORIDA" to a name do not constitute a significant name difference.

ALSO, PLEASE note that we have RETAINED your \$87.50 payment.

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 403A00006571

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Discount Medical Supply, Inc.  
(Name of corporation - must include suffix)

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SECRET

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:

Gary E. Kaskisto  
(Name of Person)  
Discount Medical Supply, Inc.  
(Firm/Company)  
1504 Old Moody Blvd, Suite #7  
(Address)  
Bunnell, Fl. 32110  
(City/State and Zip code)

For further information concerning this matter, please call:

Gary Kaskisto at (386) 437-1795  
(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

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FLORIDA

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Gary E. Kaskisto, do hereby certify  
(Name)

that this Resolution of the Board of Directors of Discount Medical Supply, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of North Carolina,

was duly adopted on April 03, 2002,

Be it resolved, that Discount Medical Supply, INC.,  
(Corporate Name)

organized and existing in the State of North Carolina, hereby adopts the name

Discount Medical Supply Of Bunnell, FL, INC for use in Florida.

Effective Date February 03, 2003

2-3-03

Gary E. Kaskisto Pres.

Signature of either Chairman, Vice Chairman or any officer

Gary E. Kaskisto

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**

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. Discount Medical Supply, 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. North Carolina 3. 74-3046564  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04-12-2002 5. Perpetual  
(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. 1504 Old Moody Blvd, Suite #7, Bunnell, FL 32110  
(Principal office address)  
1504 Old Moody Blvd, Suite #7, Bunnell, FL 32110  
(Current mailing address)

8. Sales and Rental of Durable Medical Equipment  
(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: Gary Kaskisto

Office Address: 1504 Old Moody Blvd, Suite #7  
Bunnell, Florida 32110  
(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.*

Mary E. Kaskisto  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

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PALM BEACH, FLORIDA

**B. OFFICERS**

President: GARY KASKISTO

Address: 26 Cedar Pointe

Palm Coast, FL 32164

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

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

Secretary: Faith KASKISTO

Address: 26 Cedar Pointe, Palm Coast, FL 32164

Treasurer: Faith KASKISTO

Address: 26 Cedar Pointe, Palm Coast, FL 32164

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

13. Gary E. Kaskisto

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

14. GARY E. KASKISTO, Pres.

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



# State of North Carolina

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

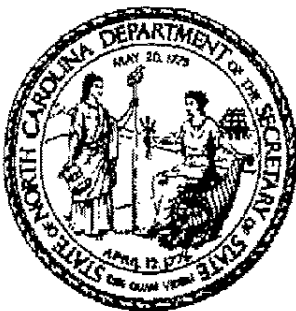
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TALLAHASSEE, FLORIDA

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

### **DISCOUNT MEDICAL SUPPLY, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of April, 2002, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of January, 2003.

*Elaine F. Marshall*

Secretary of State