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2003 SEP -8 AM 10:15
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TALLAHASSEE, FLORIDA

J. BRYAN SEP 15 2003

LAW OFFICES OF
MENDEN & FREIMAN, LLP
TWO RAVINIA DRIVE
SUITE 1200
ATLANTA, GEORGIA 30346

TELEPHONE: (770) 379-1450

FACSIMILE: (770) 379-1455

KRISTIE B. HAYNES
WRITER'S DIRECT DIAL NUMBER
(770) 559-5582

WRITER'S INTERNET (E-MAIL)
khaynes@mfattorneys.com

September 4, 2003

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL, 32314

FILED
2003 SEP -8 AM 10:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Osborn Medical, Inc.

Dear Sir or Madam:

We have enclosed the following documents in connection with the filing of the above-referenced Foreign Corporation:

1. An original *Certificate of Existence*;
2. Check payable to the Secretary of State in the amount of \$70.00 for filing fees; and
3. Application by Foreign Corporation for Authorization to Transact Business in Florida.

It is respectfully requested that a Certificate of Authority be issued and that such Certificate be returned to the undersigned in the enclosed envelope. Thank you for your assistance in this matter.

Sincerely,



Kristie B. Haynes
Legal Assistant

Enclosures

Serving clients in matters related to business sales and acquisitions, business planning, business law, federal and state taxation, estate planning, trusts and charitable giving.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osborn 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", 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:

KRISTIE HAYNES
(Name of Person)

Menden & Freiman, LLP
(Firm/Company)

Two Ravinia Drive, Suite 1200
(Address)

Atlanta, GA 30346
(City/State and Zip code)

For further information concerning this matter, please call:

KRISTIE HAYNES at (770) 559-5582
(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

FILED
2003 SEP -8 AM 10:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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.

FILED
2003 SEP -8 AM 10:15
JULIA H. HARRIS, CLERK
TALLAHASSEE, FLORIDA

1. Osborn Medical, 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. 68-0534065
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/19/2002 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 2003
(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. 4025 Pleasantdale Rd. #520 Atlanta, GA 30340
(Principal office address)
- Same -
(Current mailing address)
8. Sale of orthopedic devices & other medical products.
(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: Louie McMillon
Office Address: 374 Woodbine Dr.
Pensacola, Florida 32503
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark T. Osborn

Address: 4025 Pleasantdale Rd. #520
Atlanta, GA 30340

Director: Madelyn Osborn

Address: 4025 Pleasantdale Rd. #520
Atlanta, GA 30340

B. OFFICERS

President: Mark T. Osborn (C.E.O.)

Address: 4025 Pleasantdale Rd. #520
Atlanta, GA 30340

Vice President: Madelyn Osborn (C.F.O.)

Address: 4025 Pleasantdale Rd. #520
Atlanta, GA 30340

Secretary: Madelyn Osborn

Address: 4025 Pleasantdale Rd. Atlanta, GA 30340

Treasurer: _____

Address: _____

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

13. [Signature]

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

14. MARIC OSBORN, PRESIDENT

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

FILED
2003 SEP -8 AM 10:15
WILLIAM J. OSBORN
ATLANTA, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0263910
DATE INC/AUTH/FILED: 12/19/2002
JURISDICTION : GEORGIA
PRINT DATE : 07/28/2003
FORM NUMBER : 211

FILED
2003 SEP -8 AM 10:15
UPPER MERIDIAN CORPORATIONS
TALLAHASSEE, FLORIDA

MENDEN & FREIMAN, LLP
ANNE H. GOEHRING
TWO RAVINIA DRIVE, SUITE 1200
ATLANTA, GA 30346

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 as of the above print date

OSBORN MEDICAL, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. It does not certify whether 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20030728172824551



Cathy Cox

Cathy Cox
Secretary of State