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2003 SEP 19 PM 12: 23

W03-24808

J. BRYAN SEP 2 2 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEDCORE, INC.	on - must include suffix)
(Name of corporation	on - must include surfix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
MICHAEL S. RUGGLES	70.0
(Name of	Person)
MATT CODE 1110	
MEDCORE, INC. (Firm/Co	
(ranco	mpany)
4721 MORRISON DRIVE	SUITE 100
(Addı	ess)
MOBILE AL 36526	
	and Zip code)
(0.10), 5 mile (2.p •••••
For further information concerning this matter, please of	all:
,	
KIM HOLLAND at (251	1 345-0000 xt. 1216
(Name of Person) (Area (Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	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 & Service Status & Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 29, 2003

MICHAEL S. RUGGLES MEDCORE, INC. 4721 MORRISON DRIVE, STE. 100 MOBILE, AL 36526

SUBJECT: MEDCORE, INC. Ref. Number: W03000024808

AN ALTHROSE POR CONTROL CO

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

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 603A00048796

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.

ALODIERAI	ordion cord oration to transact bos	INCSS IN THE STATE OF I	COMDA.	
(Name of corp	OCORE INC. oration; must include the word "INCORPORATED",	"COMPANY", "CORPORAT	TION" or	
words or abbre natural person	eviations of like import in language as will clearly indi- or partnership if not so contained in the name at prese	icate that it is a corporation ins ent.)	stead of a	, & %
2. ALAP (State or country	y under the law of which it is incorporated)	20-006728 (FEI number, if app	plicable)	10 \ 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. JUN		PERPETUAL	J. J.	
6. 11 Uppn	Qualification"	ration: Year corp. will cease t		TO A
(Date first trans	sacted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607		rt "upon qualification.	·") • •
7.4781	MORRISON DRIVE, SU (Principal office address)	ITE 100 mo	BILE AL	3660
P.O. P	SOX 991835 MOBI (Current mailing address)	LE, AL 366	91	· —
	(Current hanning address)			
	CTION SERVICE (s) of corporation authorized in home state or country	to be carried out in state of FI	orida)	<u>.</u>
	reet address of Florida registered agent: (P.O		,	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		* .	
		, Florida <u>32301</u>	·	
	(City)	(Zip code)		
Having been na. designated in th	agent's acceptance: med as registered agent and to accept service of is application, I hereby accept the appointment	as registered agent and ag	ree to act in this cap	pacity. I
urtner agree to duties, and I am	comply with the provisions of all statutes relati familiar with and accept the obligations of my	ve to the proper and compl position as registered agen	ete performance of it.	my
	Corporation Service Company	ask		
-	(Registered agent's signatu	re)		•

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: SAME	AS OFFICE	25	• •		
Address;				<u>.</u>	2.0
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Address:	<u>: ج جو، ر بي بيدي بيدي</u>	<u> </u>			
	and the second s	*	<u> </u>	 	K A A A A A A A A A A A A A A A A A A A
Director:		seen : =	<u> </u>	<u> </u>	
Address:				<u></u>	7 (
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Director:			·	建 。	e je se je
Address:		· · · · · ·	<u>, a</u>		<u></u>
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resident: <u>TAMES N</u> .ddrcss: <u>4721 MDR</u> .MDBLLE		SINT	E IDD		
ice President: MICHAE					
ddress: <u>4721 MDR</u>	RISON DRIVE	SUITE	100		
MOBILE	AL 36609	<u>. </u>			
ecretary: <u>DEBDRRA</u>	H SHORT			.—- 	
ddress: 4721 MC					
reasurer: <u>DEBDRRA</u>	=			- +=-	
.ddress:			·		#7 **
OTE: M nocessary, you may a	ttach an addendum to the app	olication listing a	dditional office	ers and/or direc	ctors. ,
(Signature of Ch	airman, Vice Chairman, or a		n number 12 o	f the application	on)
Toolin	hims Pros	•			

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, 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 MedCore, Inc. incorporated in Mobile County, Montgomery, Alabama on June 19, 2003. I further certify that the records do not disclose that said MedCore, 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.

August 15, 2003

Date

Trany of Starley

Nancy L. Worley

Secretary of State