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### TRANSMITTAL LETTER

SUBJECT: _	Carolina Med, Inc.		<del></del>			_
	(Nam	e of corporation	on - must include suffix	<b>(</b> )		
Dear Sir or Mada	ım:					
	oplication by Foreign C distence", and check are ss in Florida.					
Please return all	correspondence concert	ing this matte	r to the following:			
Lisa Comatz	er			Zä	03	
		(Name of	Person)	7 3	A3S	<del>11</del>
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P.O. Drawer	25008			F.S.		O
		(Add	ress)	81	<del>- 69</del>	•
Winston-Sal	em, NC 27114			3	$\overline{}$	
					-	
<del> </del>		(City/State:	and Zip code)		<del>- , ; -</del>	-
For further inform	nation concerning this n	natter, please o	- ,	. 11-	<del></del>	
	er	natter, please o	eall:	hone Number)	· · · · ·	

### CAROLINA MED INC

September 24, 2003

Corporations Division Florida Secretary of State Attn: Diane Cushing 409 East Gaines Street Tallahassee, Fl 32399

Re: Carolina Med, Inc./Document #W03000027150

Dear Ms. Cushing:

Enclosed is a check in the amount of \$1,150 for the penalty for transacting business as of January 1, 2002.

Sincerely,

W. Stewart Swain

Treasurer



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 23, 2003

LISA COMATZER
BLANCO TACKABERY COMBS & MATAMOROS, INC.
P.O. DRAWER 25008
WINSTON-SALEM, NC 27114

SUBJECT: CAROLINA MED, INC. Ref. Number: W03000027150

We have received your document for CAROLINA MED, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return 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) 245-6913.

Letter Number: 203A00052322

Diane Cushing Document Specialist

### 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.

I. Carolina	Med, Inc.					
words or abbre	oration; must include the word " viations of like import in langua or partnership if not so containe	ge as will clearly	indicate that it is a corpo	PRPORATION" or or oration instead of a		: •
2. North Care	olina	3.	562172230			
(State or countr	y under the law of which it is in	corporated)	(FEI num	iber, if applicable)		•
4. Decemb	per 20, 1999	. 5.	Perpetual			
(Da	te of incorporation)	· · · · · · · · · · · · · · · · · · ·	(Duration: Year corp. v	vill cease to exist or "	perpetual")	~
6. January	1, 2002					
(Date first trans	acted business in Florida. If cor (SEE SECT		ransacted business in Flo 607.1502 and 817.155, l			· · · · · · · · · · · · · · · · · · ·
7 421 Foul	ntainhead Circle #215 Ki	ssimmee, FL	34741	: :	03 SEC	
	(Prin	cipal office addre	ess)	3	38	
421 Four	ntainhead Circle #215 Ki	ssimmee, FL	34741		j	=
-	(Cun	ent mailing addre	:55)	ļ		Ш
8. Cooridinat	e Medical Supply Sales			7 C Z	AN STATISTICAL STA	
(Purpose	(s) of corporation authorized in	nome state or cou	ntry to be carried out in	state of Florida)	00	
9. Name and st	reet address of Florida regi	stered agent: (	P.O. Box or Mail Drop	p Box <u>NOT</u> accept	able)	
Name:	CT Corporation System	1	···· :	e same e e e e e e e e e e e e e e e e e e		-
Office Address:	1200 South Pine Island	Road	. مر ع <del>د</del>	· · · · · · · · · · · · · · · · · · ·		
	Plantation		, Florida33324			
	(City)		(Zip co	ode)		
Having been nai designated in thi furth <mark>e</mark> r agree to	agent's acceptance: med as registered agent and is application, I hereby accep- comply with the provisions of familiar with and accept the	t the appointm f all statutes re obligations of	ent as registered agen lative to the proper an my position as registe Allai	t and agree to act is defined complete performed agent.  Ternell, Assist	in this capac mance of my	ity. I
	(Regi	itered agent's sign	namire)	President		

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. DIRE				
CLIEBE ST	: W. Stewart Swain			
Address:	5005 North Ocean Boulevard			
_	Myrtle Beach, SC 29577			
Pilector	L.P. Herzog			
Address:	240 Eagle Estates Drive			
-	Debary, FL 32713			
Director:	Brett L. Waters			
Address:	1100 Reynolds Blvd.			
	Winston-Salem, NC 27105-3400			
Director:	F. Frank Macy, Jr.			
Address:	4178 Malbeth Court	JAT 38	03	
	Winston-Salem, NC 27104	ASC.	8	
B. OFFI	CERS		30	
President:	& Asst. Secretary: L.P. Herzog		) <b>≥</b>	Щ
Address:	240 Eagle Estates Drive	STAT LORE	ά	
	Debary, FL 32713	<del>- Diri</del>	00	<del></del>
Vice Presid	con: ; Asst Secretary & Treasurer: W. Stewart Swain	<del></del>		
Address: _	5005 North Ocean Boulevard			
_	Myrtle Beach, SC 29577			
Secretary:	F. Frank Macy, Jr.			<u> </u>
Address:	4178 Malbeth Court, Winston-Salem, NC 27104			
Treasurer:				<del></del>
Address:				
				<del></del>
NOTE: I	f necessary, you may attach an iddendum to the application listing additional officers an	d/or direct	ors.	
13.	think			
VV	(Signature of Chairman, 'ice Chairman, or any officer listed in number 12 of the stewart Swain, Vice-President	applicati <b>o</b> n	1)	
14	and the second of the second o			

(Typed or print I name and capacity of person signing application)

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## State of North Carolina Department of The Secretary of State

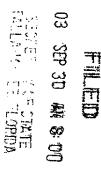
#### CERTIFICATE OF EXISTENCE

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

### CAROLINA MED, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of December, 1999, 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 16th day of September, 2003

Elaine J. Marshall
Secretary of State