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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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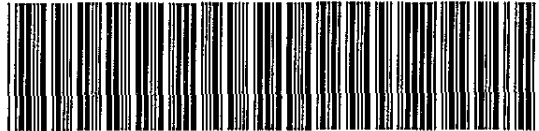
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W03-29615



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TALLAHASSEE, FLORIDA

F03-5344

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patton Medical of the Gulf Coast, 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:

Jackie Godwin
(Name of Person)
Patton Medical Gulf Coast, Inc.
(Firm/Company)
3002 Bienville Blvd, Ste C
(Address)
Ocean Springs, MS 39564
(City/State and Zip code)

03 OCT 21 PM 4:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jackie Godwin at (228) 875-3828
(Name of Person) (Area Code & Daytime Telephone Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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
Glenda E. Hood
Secretary of State

October 14, 2003

JACKIE GODWIN
3002 BIENVILLE BLVD STE. C
OCEAN SPRINGS, MS 39564

SUBJECT: PATTON MEDICAL OF THE GULF COAST, INC.
Ref. Number: W03000029615

We have received your document for PATTON MEDICAL OF THE GULF COAST, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 903A00055949

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**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. **Patton Medical of the Gulf Coast, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Mississippi**

(State or country under the law of which it is incorporated)

3. **64-0928877**

(FEI number, if applicable)

4. **07-14-01**

(Date of incorporation)

5. **PERPETUAL**

(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. **5675 New Tampa Hwy, Ste 8 Lakeland, FL 33815**

(Principal office address)

5675 New Tampa Hwy, Ste 8 Lakeland, FL 33815

(Current mailing address)

8. **Medical Equipment Sales**

(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** acceptat

Name: **Nick Pollina**

Office Address: **5675 New Tampa Hwy, Ste 8**

Lakeland

(City)

, Florida **33815**

(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:

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TALLAHASSEE
FLORIDA

A. DIRECTORS

Chairman: Jay M. Rubenstein

Address: 3004 Bienville Blvd, Ste 1
Ocean Springs, MS 39564

Vice Chairman: William K. Wade

Address: 3004 Bienville Blvd, Ste 1
Ocean Springs, MS 39564

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Jay M. Rubenstein

Address: 3004 Bienville Blvd, Ste 1
Ocean Springs, MS 39564

Vice President: William K. Wade

Address: 3004 Bienville Blvd, Ste 1
Ocean Springs, MS 39564

Secretary: William K. Wade

Address: 3004 Bienville Blvd, Ste 1 Ocean Springs, MS 39564

Treasurer: William K. Wade

Address: 3004 Bienville Blvd, Ste 1 Ocean Springs, MS 39564

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. William K. Wade V.P
(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE / AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on July 14, 2000, the State of Mississippi issued a Charter / Certificate of Authority to:

PATTON MEDICAL OF THE GULF COAST, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
January 8, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State