

# F05000000118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

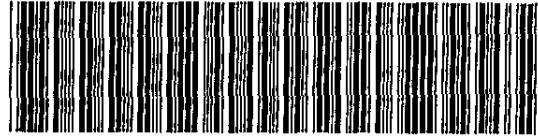
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Bay State Corporate Services, Inc.  
Six Beacon Street, Ste. 425  
Boston, MA 02108  
(617) 742-8484 Fax: (617) 742-8482*

December 2, 2004

Re: 21864

Enclosed you will find (1) Application for Authorization for FL-SOS

Subject name(s):

MONITOR MEDICAL, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$70.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Jessica Lappin

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONITOR 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:

ROBERT N. LOFFREDO

(Name of Person)

ROBERT N. LOFFREDO, P.C.

(Firm/Company)

12811 ROYAL DRIVE, SUITE 114

(Address)

STAFFORD, TEXAS 77477

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT N. LOFFREDO

(Name of Person)

at ( 281 ) 240-7617

(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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SECRETARY OF STATE  
TALLAHASSEE, FL 32314


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**RESOLUTION OF BOARD OF DIRECTORS**

I, the undersigned RICHARD E. WEBB, do hereby certify  
That this Resolution of the Board of Directors of MONITOR MEDICAL, INC.  
A corporation duly organized and existing under the laws of the State of TEXAS  
Was duly adopted on JUNE 25, 2004.

Resolved, that MONITOR MEDICAL, INC., organized  
and existing in the State of TEXAS, hereby adopts the  
name MONITOR MEDICAL, INC. for use in Florida.

Dated: JUNE 25, 2004

  
Signature of at least one director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MONITOR MEDICAL OF FLORIDA, INC.

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

2. TEXAS 3. 76-0338674  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 18, 1991 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 1, 2004  
(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. 520 AVALON BLVD., ORLANDO, FL 32806  
(Principal office address)

P.O. BOX 2527 STAFFORD, TX 77477  
(Current mailing address)

8. ANY LAWFUL BUSINESS  
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301  
(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.*

NRAI Services, Inc.

By: Jessica Lappin

(Registered agent's signature)

Jessica Lappin, Assistant Secretary

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  
SECRETARY OF STATE

**A. DIRECTORS**

Chairman: RICHARD E. WEBB

Address: 3707 ELKINS ROAD

SUGAR LAND, TX 77479

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

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

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

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

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

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

**B. OFFICERS**

President: RICHARD E. WEBB

Address: 3707 ELKINS ROAD

SUGAR LAND, TX 77479

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

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

Secretary: RICHARD E. WEBB

Address: 3707 ELKINS ROAD SUGAR LAND, TX 77479

Treasurer: \_\_\_\_\_

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

**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. RICHARD E. WEBB, PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Geoffrey S. Connor  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MONITOR MEDICAL, INC. (filing number: 118983900), a Domestic Business Corporation, was filed in this office on April 18, 1991.

**It is further certified that the entity status in Texas is active.**

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 22, 2004.



A handwritten signature in black ink, appearing to read "G. Connor".

Geoffrey S. Connor  
Secretary of State