

F0600000 2900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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06 APR 26 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 APR 25 PM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 4-17-06

Incorporating Services, Ltd. - Melissa A. Murry

Requester's Name

1540 Glenway Drive

Address

Tallahassee, FL 32301 656-7956

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. GLOBAL MEDICAL DISTRIBUTION INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

04/27



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

**NEW FILINGS**



Profit



Not for Profit



Limited Liability



Domestication



Other

**AMENDMENTS**



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

**OTHER FILINGS**



Annual Report



Fictitious Name

**REGISTRATION/QUALIFICATION**



Foreign



Limited Partnership



Reinstatement



Trademark



Other

CR2B031(7/97)

Examiner's Initials

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06 APR 26 PM 2:09  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GLOBAL MEDICAL DISTRIBUTION 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:

MELISSA A. MURRY

(Name of Person)

INCORPORATING SERVICES, LTD.

(Firm/Company)

1540 GLENWAY DR.

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

MELISSA A. MURRY

(Name of Person)

at ( ) 656.7956

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

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. GLOBAL MEDICAL DISTRIBUTION 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. DE 3. 20-4744680  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12.15.05 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5433 N. UNIVERSITY DRIVE - SUITE 105  
(Principal office address)

LAUDERHILL, FL 33351  
(Current mailing address)

8. MEDICAL DISTRIBUTION SERVICES  
(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 NOT acceptable)

Name: DANIELLE HYMAN

Office Address: 5433 N. UNIVERSITY DRIVE - SUITE 105  
LAUDERHILL, Florida 33351  
(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.

D. Hyman

(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.

SECRET  
OFFICE OF THE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: DANIELLE HYMAN

Address: 5433 N. UNIVERSITY DRIVE  
SUITE 105 - LAUDERHILL, FL 33351

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

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

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

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

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

Secretary: \_\_\_\_\_

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

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

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

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

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

14. DANIELLE HYMAN - CHAIRMAN  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

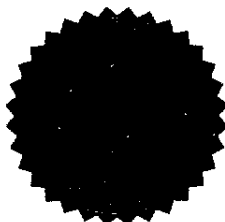
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL MEDICAL DISTRIBUTION INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL MEDICAL DISTRIBUTION INC" WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

4076244 8300

AUTHENTICATION: 4689750

060376777

DATE: 04-24-06