

FO60000004658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

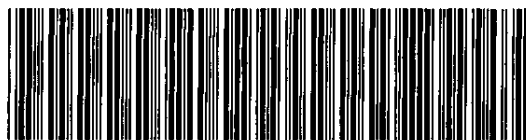
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400076481044

06/28/06--01045--015 **87.50

FILED

2006 JUL 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11906-29434

T. Hampton JUL 12 2006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER Medical SERVICES, 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:

JERRY C. JOHNSON
(Name of Person)

PREMIER Medical SERVICES INC.
(Firm/Company)

296 N.W. ROWE CT.
(Address)

LAKE CITY, FL 32055
(City/State and Zip code)

For further information concerning this matter, please call:

JERRY JOHNSON at (386) 719-6576
(Name of Person) (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

**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. PREMIER Medical SERVICES, 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. NEVADA 3. 20-5896749
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 9, 2006 5. PERPETUAL
(Date of incorporation) (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. 296 N.W. ROWE CT. LAKE CITY, FL 32055
(Principal office address)

SAME

(Current mailing address)

8. PICC line placement (peripherally inserted central catheter) on
INVASIVE MEDICAL PROCEDURE AS PRESCRIBED BY PHYSICIAN
(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: JERRY G. JOHNSON

Office Address: 296 N.W. ROWE CT

LAKE CITY, , Florida 32055
(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.

Jerry G. Johnson
(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:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 JUL 12 AM 10:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 29, 2006

JERRY G JOHNSON
PREMIER MEDICAL SERVICES INC
296 NW ROWE CT
LAKE CITY, FL 32055

SUBJECT: PREMIER MEDICAL SERVICES, INC.
Ref. Number: W06000029434

We have received your document for PREMIER MEDICAL SERVICES, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000096807 (PREMIER MEDICAL SERVICES, INC.).

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) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 406A00042946

**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. PREMIER Medical SERVICES, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PICC PLACEMENT SPECIALIST OF FLORIDA, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. 20-5896749
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 9, 2006 5. PERPETUAL
(Date of incorporation) (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. 296 N.W. ROWE CT. Lake City, FL 32055
(Principal office address)

SAME

(Current mailing address)

8. PICC line placement (peripherally inserted central catheter) on
INVASIVE MEDICAL PROCEDURE AS PRESCRIBED BY PHYSICIAN
(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: JERRY G. JOHNSON

Office Address: 296 N.W. ROWE CT

LAKE CITY, Florida 32055
(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.

Jerry G. Johnson
(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:

2006 JUL 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JERRY G. JOHNSON

Address: 296 N.W. ROWE CT

LAKE CITY, FL 32055

Director: _____

Address: _____

B. OFFICERS

President: JERRY G. JOHNSON

Address: 296 N.W. ROWE CT

LAKE CITY, FL 32055

Vice President: _____

Address: _____

Secretary: JERRY G. JOHNSON

Address: 296 N.W. ROWE CT, LAKE CITY, FL 32055

Treasurer: JERRY G. JOHNSON

Address: 296 N.W. ROWE CT, LAKE CITY, FL 32055

FILED
2006 JUL 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Jerry G. Johnson

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

14. JERRY G. JOHNSON, PRESIDENT

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PREMIER MEDICAL SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 9, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 14, 2006.



DEAN HELLER
Secretary of State

By

Certification Clerk