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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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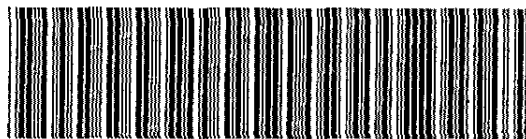
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton SEP 12 2006

## COVER LETTER

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

**SUBJECT:** Medical Supply Group 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:

Inga Lewis

(Name of Person)

Medical Supply Group Inc

(Firm/Company)

P.O. Box 27626

(Address)

Richmond, VA 23261

(City/State and Zip code)

For further information concerning this matter, please call:

Inga Lewis

(Name of Person)

at ( 804 ) 723-7568

(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. Medical Supply Group 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. VA

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

3. 20-5288217

(FEI number, if applicable)

4. 07/27/2006

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 09/01/2006

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2101 NW 33rd Street, Suite 600, Pompano Beach, FL 33069

(Principal office address)

P.O. Box 27626, Richmond, VA 23261

(Current mailing address)

8. Mail order supply / Online purchasing

(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: NRAI Services Inc

Office Address: 2731 Executive Park Dr, Ste 4

Weston Weston

(City)

, Florida 33331

(Zip code)

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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.*

M. Ferdinand

(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:

**A. DIRECTORS**

Chairman: SEE ATTACHED

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

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

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

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

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

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

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

**B. OFFICERS**

President: SEE ATTACHED

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

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

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

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

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

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

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

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

13. Natalie Wargo

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

14. Natalie Wargo/ V.P. ,Tax

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

**MEDICAL SUPPLY GROUP, INC.**

State of incorporation: Virginia

Date of Incorporation: 07/26/06

Tax ID: 20-5288217

Registered Agent: VA- Grace R. den Hartog

10,000 shares authorized

**Directors:**

Craig R. Smith - Chairman

Grace R. den Hartog

Jeffrey Kaczka

Charles C. Colpo

**Officers:**

Craig R. Smith

David A. Wallace

Timothy Stocksdales

Montgomery Byers

Charles C. Colpo

Grace R. den Hartog

Jeffrey Kaczka

Richard F. Bozard

Olwen B. Cape

Natalie Wargo

Chief Executive Officer

President

Executive Vice President

Executive Vice President

Senior Vice President, Operations & Technology

Senior Vice President, General Counsel &

Corporate Secretary

Senior Vice President, Chief Financial Officer

Vice President, Treasurer

Vice President, Controller

Vice President, Tax

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TALLAHASSEE, FLORIDA

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

Medical Supply Group, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 27, 2006.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
August 29, 2006*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*