

F06000007495

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000287579 3)))



H060002875793ABCB

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC -4 PM 12:58

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION

ELITE MEDICAL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. Burch DEC 5 2006

**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. ELITE MEDICAL PRODUCTS, 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. NEW YORK STATE

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

3.

(FBI number, if applicable)

4. NOVEMBER 10, 1988

(Date of incorporation)

5.

PERPETUAL

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

6. UPON FILING.

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

7. 58 Joseph Avenue, Staten Island, NY 10314

(Principal office address)

58 Joseph Avenue, Staten Island, NY 10314

(Current mailing address)

8. To wholesale medical supplies and all lawful purposes in furtherance thereof.

(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: **ALLSTATE CORPORATE SERVICES CORP.**

Office Address: **853 WEST 23RD STREET, SUITE 229**

PANAMA CITY

(City)

, Florida 32405

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -4 PM 12:58

FILED

FILED

2006 DEC -4 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H06000287578 3)))

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

A. DIRECTORS

Chairman: Estee Weisz

Address: 58 Joseph Avenue, Staten Island, NY 10314

Vice Chairman: _____

Address: _____

Director: Estee Weisz

Address: 58 Joseph Avenue, Staten Island, NY 10314

Director: _____

Address: _____

B. OFFICERS

President: Estee Weisz

Address: 58 Joseph Avenue, Staten Island, NY 10314

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

13. x

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

14. Estee Weisz, PRESIDENT

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

((H06000287579 3)))

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of *BLITE MEDICAL PRODUCTS, INC.* was filed on 11/10/1988, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 12/04/1992.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.



200611290526 • 37

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of November
two thousand and six.*

A handwritten signature in dark ink, appearing to read "Daniel Shapiro".

Daniel Shapiro
Special Deputy Secretary of State

FILED
2006 DEC -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA