

Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (\$50)521-1000

Fax Number : (850)558-1575

### FOREIGN PROFIT/NONPROFIT CORPORATION

C-CORE MEDICAL, INC.

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Certificate of Status	0
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Estimated Charge	\$70.00

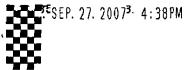
ECRETARY OF STATE

FILED 07 SEP 27 PH 1: 16

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September 26, 2007

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: C-CORE MEDICAL, INC.

REF: W07000047720

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The corporation filed date on the form must match the filed date on the certificate of status.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

FAX Aud. #: H07000233216 Letter Number: 507A00056524

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(Enter name of	MEDICAL, INC. corporation: must include "INCORPORA Corp." "Inc." "Co," or "Corp.")	ated," "company," "corporation,"	
PROMED	TEAL DISTRIBUTION, Inc.		,
(If name unavai	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting busi	ness in Florida)
DELAWA	RE	1	
. ,	under the law of which it is incorporated	•	
. 8- <b>]</b> 8	-2007	5. PERPETUAL  (Duration: Year corp. will coose to exist.	
(Date	of incorporation)	(Duration: Year corp. will conso to exist-	or "perpetual")
, <b>L</b>			
•	(Data first transacted busi	inces in Florida, if prior to registration)	<u></u>
F10 0		607 1502, F.S., to determine penalty liability)	
<u>512 Cen</u>	FRAL Park Dr. 5	anford, FL 32771.	
P.0		2, LAKE MonRoe, FL ng address)	32747
	(Current moilir	ng address)	- <del></del>
u	Pholesale Distribut	100	SECH ALLAI
(Putpose(s	t) of corporation multiorized in home state	e or country to be carried out in state of Florida)	ASS.
Name and street	et address of Florida registered agent	(P.O. Box NOT acceptable)	SER SER
Name;	Corporation Service Compa	any	三
	1001 Florin Street		유유 
ffice Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
	(City)	(Zip code)	
aving been nam esignated in this ether agree to co ed I am familiar	application, I hereby accept the app	• •	st in this capacity. Y
<u></u>	(Registered agent's signu	itura)	
`	<u> </u>	•	

11. Attriched 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.

	TALL SEC	07 S
12. Names and business addresses of officers and/or directors:	AHA AHA	Ep 2
A DIRECTORS	SSE	<u> </u>
Chairman: L.F. Rickmon		E
Address: P.O. BOX 471492		—::
LAKE MONTOR, FL 32747	<del></del>	—–≎ਾ
Vice Chairman;		
Address:		<del></del>
		_
Director:		_
Address:	,	
Directors		<del>_</del>
Address:		_
		_
B. OFFICERS  President: LF Rickman		
President: L. 1   Kickman   Address: P. O. 130x 471 49 2	,.	_
LAKE Monroe FL 32747		<u></u>
·		_
Vice President:		_
Address:		_
Secretary:	<del></del>	_
Address:		_
Ггоряциот:		-
Address;		_
		_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ots.	
(Signature of Director or Officer listed in number 12 of the application)		-
(Signature of Director of Officer listed in number 12 of the application)		
(Typed or printed name and capacity of person signing application)		_

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C-CORE MEDICAL, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C-CORE MEDICAL, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

OT SEP 27 PM 1: 16
SECREMENT OF STATE

4409687 8300 071026088 Warriet Smith Windson Secretary of State

AUTHENTICATION: 6007567

MOTHEMITICATION: 600/36/

DATE: 09-18-07