

F08000002382

(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:

*(Handwritten signature)*

Office Use Only

*(Large handwritten signature)*



600116300056

02/06/08--01018--010 \*\*78.75

05/28/08--01005--015 \*\*5750.00

2008 MAY 27 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



February 4, 2008

Florida Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32302

Re: Application by a Foreign Corporation to Transact Business in Florida

To whom it may concern,

Enclosed herewith is the following:

1. Cover Letter;
2. Application to Transact Business in Florida;
3. Original Certificate of Existence;
4. Our check in the amount of \$78.75.

We are aware that there are penalty fees and past annual report fees that are due. Kindly advise us of the amount due and we will submit our check immediately. Also, kindly advise us if there is any additional information required.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Hagan".

Cindy Hagan  
Administrative Assistant

**SAFETY MEDICAL INTERNATIONAL, INCORPORATED**

2072 Sprint Blvd, Apopka, FL 32703  
Phone (407) 880-2301 Fax (407) 880-3357



**RECEIVED**  
DATE 2-13-08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2008

CYNTHIA HAGAN  
SAFETY MEDICAL INTERNATIONAL INC  
2072 SPRINT BLVD.  
APOPKA, FL 32757

SUBJECT: SAFETY MEDICAL INTERNATIONAL, INC.  
Ref. Number: W08000006725

We have received your document for SAFETY MEDICAL INTERNATIONAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$5,750.00.

Please return 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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 608A00008198

**RECEIVED**  
08 MAY 27 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** Safety Medical International, 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:

Cynthia Hagan  
(Name of Person)

Safety Medical International, Inc.  
(Firm/Company)

2072 Sprint Blvd.  
(Address)

Apopka, FL 32757  
(City/State and Zip code)

For further information concerning this matter, please call:

Cynthia Hagan or Vincent Runfola at ( 407 ) 880-2301  
(Name of Person) (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. Safety Medical International, Incorporated  
(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. Tennessee 3. 16-1639754  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 2002 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 2002  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2072 Sprint Blvd., Apopka, FL 32757  
(Principal office address)  
2072 Sprint Blvd., Apopka, FL 32757  
(Current mailing address)

8. Development and distribution of medical devices  
(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: Vincent Runfola

Office Address: 2072 Sprint Blvd.

Apopka, , Florida 32757  
(City) (Zip code)

2009 MAY 27 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.*

Vincent Runfola  
(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: Vincent Runfola

Address: 2072 Sprint Blvd.  
Apopka, FL 32757

~~Director:~~ James Lindsey  
~~Vice Chairman:~~

Address: 2072 Sprint Blvd.  
Apopka, FL 32757

Director: Thomas Morrell Bill Perkins

Address: 2072 Sprint Blvd. 2072 Sprint Blvd.  
Apopka, FL 32757 Apopka, FL 32757

Director: Jean Navert Jean Styles

Address: 2072 Sprint Blvd. 2072 Sprint Blvd.  
Apopka, FL 32757 Apopka, FL 32757

**B. OFFICERS**

President: Vincent Runfola

Address: 2072 Sprint Blvd.  
Apopka, FL 32757

~~Vice President:~~ Thomas Morrell, CEO

Address: 2072 Sprint Blvd.  
Apopka, FL 32757

Secretary: Jean Styles

Address: 2072 Sprint Blvd., Apopka, FL 32757

~~Treasurer:~~ Jay Bojan, COO

Address: 2072 Sprint Blvd., Apopka, FL 32757

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

13. Vincent Runfola  
(Signature of Director or Officer listed in number 12 of the application)

14. Vincent Runfola, Chairman  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 01/24/2008  
REQUEST NUMBER: 08024509  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/18/2002  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0436811  
JURISDICTION: TENNESSEE

TO:  
CYNTHIA HAGAN  
2072 SPRINT BLVD

APOPKA, FL 32703

REQUESTED BY:  
CYNTHIA HAGAN  
2072 SPRINT BLVD

APOPKA, FL 32703

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SAFETY MEDICAL INTERNATIONAL, INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/24/08

FROM:  
SAFETY MEDICAL INTERNATIONAL INC.  
2055 SPRINT BLVD  
N/A  
APOPKALLE, FL 32703-0000

	FEES	
RECEIVED:	\$40.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$40.00

RECEIPT NUMBER: 00004312093  
ACCOUNT NUMBER: 00420285



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE