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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

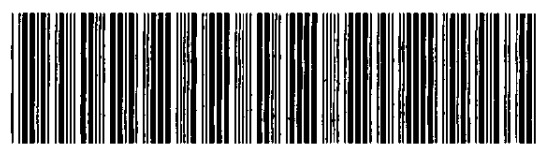
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## COVER LETTER

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

**SUBJECT:** Precept Medical Products, 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:

Stefanie Wilkins

(Name of Person)

Precept Medical Products, Inc.

(Firm/Company)

370 Airport Road

(Address)

Arden, NC 28704

(City/State and Zip code)

For further information concerning this matter, please call:

Stefanie Wilkins

(Name of Person)

at ( 828 ) 681-0209

(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. Precept 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. Pennsylvania**

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

**3. 25-1662265**

(FEI number, if applicable)

**4. June 13, 1991**

(Date of incorporation)

**5. Perpetual**

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

**6.**

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

**7. 370 Airport Road, Arden, NC 28704**

(Principal office address)

**370 Airport Road, Arden, NC 28704**

(Current mailing address)

**8. Manufacture and Sales 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:

**Michael S. Boyd**

Office Address:

**232 SW 8th Street**

**Miami**

(City)

**, Florida 33130**

(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.*



(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: Earle J. Bensing

Address: 4347 West N/W Hwy, Suite 120, PMB 233  
Dallas, Texas 75220

Vice Chairman: John M. Sopcisak

Address: 370 Airport Road  
Arden, NC 28704

Director: Thomas J. Kennelly, Jr.

Address: 255 Vineyard Road  
Huntington Bay, NY 11743

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

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

**B. OFFICERS**

President: Michael S. Boyd

Address: 370 Airport Road  
Arden, NC 28704

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

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

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

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

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

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

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

13. 

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

14. Michael S. Boyd, President

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

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**JULY 1, 2008**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**PRECEPT MEDICAL PRODUCTS, INC.**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortis*

**Secretary of the Commonwealth**