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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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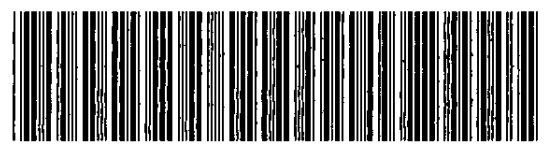
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

7/29/

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fuller Rehabilitation & Consulting Services, 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:

Holly Perkins
(Name of Person)
Fuller Rehabilitation & Consulting Services, Inc.
(Firm/Company)
P.O. Box 615
(Address)
Ringgold, GA 30736
(City/State and Zip code)

For further information concerning this matter, please call:

Justin Crump at (706) 965-0339
(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. Fuller Rehabilitation & Consulting Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Fuller Rehabilitation / Independent Living Aids
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 58-1867542
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 7, 1989 5. Perpetual
(Date of incorporation) (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. 529 Rollins Industrial Blvd., Ringgold, GA 30736
(Principal office address)
P.O. Box 615, Ringgold, GA 30736
(Current mailing address)

8. Sale of Durable Medical Equipment
(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, Florida 33331
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

NRAI Services, Inc.

Zulema M. Howarth, Asst Secy
(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: Roy A. Fuller

Address: P.O. Box 615
Ringgold, GA 30736

Vice Chairman: Leila Fuller

Address: P.O. Box 615
Ringgold, GA 30736

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carter Fuller

Address: P.O. Box 615
Ringgold, GA 30736

Vice President: Kurt Schley

Address: P.O. Box 615
Ringgold, GA 30736

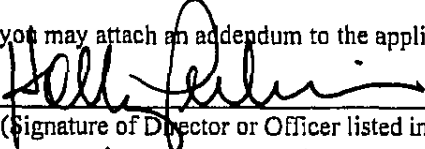
Secretary: Holly Perkins

Address: P.O. Box 615, Ringgold, GA 30736

Treasurer: Holly Perkins

Address: P.O. Box 615, Ringgold, GA 30736

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. Holly Perkins, EVP Corporate Secretary
(Typed or printed name and capacity of person signing application)

Board of Directors

Roy A. Fuller	529 Rollins Industrial Blvd. Ringgold, GA 30736
Leila Fuller	1909 Windstone Drive Ringgold, GA 30736
Carter Fuller	529 Rollins Industrial Blvd. Ringgold, GA 30736
Michael Fuller	529 Rollins Industrial Blvd. Ringgold, GA 30736
Sarah Beasley	116 Windsor Lane Ringgold, GA 30736
Kevin Greenwood	529 Rollins Industrial Blvd. Ringgold, GA 30736
Dr. Chris Greene	4700 Battlefield Pkwy Ringgold, GA 30736
Bobby Lee Cook	PO Box 370 Summerville, GA 30747
Valerie Eastwood	919 Eighteenth St Washington D.C. 20006

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

FULLER REHABILITATION & CONSULTING SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/07/1989 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of July, 2008

Karen C Handel
Secretary of State