

F08000004651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

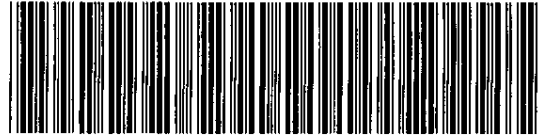
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 28 2008  
D. A. WHITE

## COVER LETTER

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

**SUBJECT:** MEDICAL CLOSURE DEVICES, 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:

GEORGE W. LOVELAND  
(Name of Person)

MEDICAL CLOSURE DEVICES, INC.  
(Firm/Company)

12374 GRUMMAN WAY  
(Address)

PORT ST. LUCIE, FL. 34987  
(City/State and Zip code)

For further information concerning this matter, please call:

GEORGE W. LOVELAND at (772) 468-7272  
(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. MEDICAL CLOSURE DEVICES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

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

3. 26-2188672

(FEI number, if applicable)

4. MAY 02, 2008

(Date of incorporation)

5. PERPETUAL

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

6. NOVEMBER 01, 2008

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

7. 12374 GRUMMAN WAY, PORT ST. LUCIE, FL. 34987

(Principal office address)

12374 GRUMMAN WAY PORT ST. LUCIE, FL. 34987

(Current mailing address)

8. TIMER CAP SALES TO PHARMACEUTICAL DISTRIBUTORS

(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: DEBORAH A. LOVELAND

Office Address: 12374 GRUMMAN WAY

PORT ST. LUCIE

(City)

, Florida 34987

(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.*

Deborah A. Loveland  
(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: JAMES A. OSBERG **FILED**

Address: 2600 SOUTH KANNER HWY., BLDG. C2  
STUART, FL. 34994 7690 OCT 21 P 12:42

Vice Chairman: GEORGE W. LOVELAND SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: 12374 GRUMMAN WAY  
PORT ST. LUCIE, FL. 34987

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

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

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

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

**B. OFFICERS**

President: JAMES A. OSBERG

Address: 2600 SOUTH KANNER HWY., BLDG. C2  
STUART, FL. 34994

Vice President: GEORGE W. LOVELAND

Address: 12374 GRUMMAN WAY  
PORT ST. LUCIE, FL. 34987

Secretary: DEBORAH A. LOVELAND

Address: 12374 GRUMMAN WAY, PORT ST. LUCIE, FL. 34987

Treasurer: DEBORAH A. LOVELAND

Address: 12374 GRUMMAN WAY, PORT ST. LUCIE, FL. 34987

**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. GEORGE W. LOVELAND

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

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL CLOSURE DEVICES 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2008.

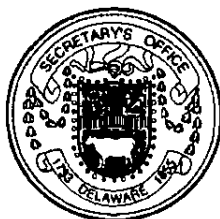
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL CLOSURE DEVICES INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2008.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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081061950



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6928803

DATE: 10-23-08

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**George Loveland**

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**From:** "RoseMarie Cole" <RoseMarie@nationalcorp.com>  
**To:** <gloveland7272@bellsouth.net>  
**Sent:** Thursday, October 23, 2008 3:40 PM  
**Attach:** 081061950.tif

Hello:

RE: Medical Closure Devices Inc.

Attached is the Delaware Good Standing for the above entity name.

Please note.....the state of Delaware has gone to Black and White Certificates and this is the Original Good Standing and no hard copy will be forwarded to your attention and to alleviate any concerns about the authenticity of business entity certifications, the state has a website where the authentication number on a certificate can be verified:

<http://www.state.de.us/corp/authver.shtml>

Thanks again,

*Rose Marie Cole*

**\*Ask me about our Nationwide Corporate Services\***

Senior Client Service Specialist  
National Corporate Research, Ltd.

\*Support Hours 10-6

615 South DuPont Highway

Dover, DE 19901

Phone: 800-483-1140 ext. 3025

Direct Dial: 212-379-1956

Fax: 302-734-1476

[rosemarie@nationalcorp.com](mailto:rosemarie@nationalcorp.com)



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**National Corporate Research** does not provide legal advice or render legal services. If you require legal advice, please consult the services of a competent, professional attorney. This email is for information purposes only and not a substitute for professional legal advice.

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