

F09888800758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

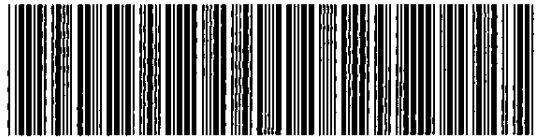
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800143356348

02/12/09--01010--014 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB 24 A 6:55

FILED

2-26-09  
567-7195  
420



RECEIVED  
DEPARTMENT OF STATE

09 FEB 24 AM 11:30

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2009

MARK COBB  
MEDICAL DEVICES INC  
4600 140TH AVE. NORTH, SUITE 200  
CLEARWATER, FL 33762

SUBJECT: MEDICAL DEVICES INC  
Ref. Number: W09000007195

We have received your document for MEDICAL DEVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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  
Regulatory Specialist II  
New Filing Section

Letter Number: 109A00005269

2009 FEB 24 A 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

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

**SUBJECT:** Medical 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:

Mark Cobb

(Name of Person)

Medical Devices Inc

(Firm/Company)

4600 140th Ave North, Suite 200

(Address)

Clearwater, FL 33762

(City/State and Zip code)

For further information concerning this matter, please call:

Mark Cobb

(Name of Person)

at ( 727 ) 451-7100 x140

(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

**FILED**  
2009 FEB 24 A 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Devices 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. **State of Nevada**

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

3. **80-0345577**

(FEI number, if applicable)

4. **8/15/2008**

(Date of incorporation)

5. **Perpetual**

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

6. **None to date**

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

7. **4600 140th Ave North, Suite 200, Clearwater, FL 33762**

(Principal office address)

**Same**

(Current mailing address)

8. **Any And All Lawful Business**

(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: **Mark Cobb**

Office Address: **4600 140th Ave North, Suite 200**

**Clearwater**

(City)

**33762**

(Zip code)

**FILED**  
2009 FEB 24 A 6:55  
SECRETARY OF STATE  
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.*



(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: Mark Cobb

Address: 4600 140th Ave North, Suite 200, Clearwater, FL 33762

Vice Chairman: \_\_\_\_\_

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

Director: Jonas Cibas

Address: 4600 140th Ave North, Suite 200, Clearwater, FL 33762

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

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

**B. OFFICERS**

President: Mark Cobb

Address: 4600 140th Ave North, Suite 200, Clearwater, FL 33762

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

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

Secretary: Jonas Cibas

Address: 4600 140th Ave North, Suite 200, Clearwater, FL 33762

Treasurer: Mark Cobb

Address: 4600 140th Ave North, Suite 200, Clearwater, FL 33762

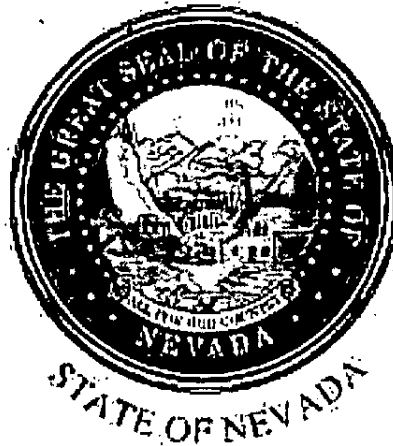
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark D. Cobb, CHAIRMAN / PRESIDENT  
(Signature of Director or Officer listed in number 12 of the application)

14. MARK D. COBB, CHAIRMAN / PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
2009 FEB 24 A 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDICAL DEVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 15, 2008, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 9, 2009.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20090209-1954  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

FILED  
2009 FEB 24 A 6:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA