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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000022
Phone : (850) 222-1022
Fax Number : (850) 878-5368

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RE-SUBMIT

Please retain original filing
date of submission 12/28

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

ACP Medical Supply Corporation

Certificate of Status	0
Certified Copy	0
Page Count	874
Estimated Charge	\$70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

J. 12/27/11



December 29, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ACP MEDICAL SUPPLY CORPORATION
REF: W10000059678

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000058876.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000276784
Letter Number: 710A00030012

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACP Medical Supply Corporation
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," or "Certificate of Good Standing" 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:

FARA DELROSARIO
Name of Person
ACCOLATED CARE PLUS CORP.
Firm/Company
4850 JDUKE ST., SUITE A-1
Address
RENO, NV 89502
City/State and Zip code
faradelrosario@acplus.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

FARA DELROSARIO at (775) 685-4000
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. ACP Medical Supply Corporation

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

ACP Medical Supply Corporation of California

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

2. California

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

3. 33-0974655

(FEI number, if applicable)

4. 08/03/2001

(Date of incorporation)

5. Perpetual

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

6. 01/01/2010

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

7. 4850 Jouis Street, Suite A-1, Reno, NV 89502

(Principal office address)

same

(Current mailing address)

8. Sale of prefabricated orthotic items.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By: [Signature]

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Zlatko Rodin

Address: 4850 Joule Street, Suite A-1

Reno, NV 89502

Vice President: _____

Address: _____

Secretary: George F. Mollenry

Address: 4850 Joule Street, Suite A-1, Reno, NV 89502

Treasurer: Antony Ricketts

Address: 4850 Joule Street, Suite A-1, Reno, NV 89502

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

13. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Zlatko Rodin, President

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Thomas F Kirk
	Officer/Director:	Officer, Director
	Officer's Title:	CEO & Director
	Director's Title:	Director
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
2	Full Name:	Louis J McIster
	Officer/Director:	Officer
	Officer's Title:	Asst Secretary
	Director's Title:	
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
3	Full Name:	Thomas C Hofmeister
	Officer/Director:	Officer
	Officer's Title:	Asst Secretary
	Director's Title:	
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
4	Full Name:	Thomas E Hartman
	Officer/Director:	Officer
	Officer's Title:	Asst Secretary
	Director's Title:	
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
5	Full Name:	Samuel R Reimer

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	Officer/Director:	Officer
	Officer's Title:	Asst Secretary
	Director's Title:	
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
6	Full Name:	Nicholas D Dawe
	Officer/Director:	Officer
	Officer's Title:	Asst Secretary
	Director's Title:	
	Business Address:	4850 Joule Street, Suite A1
	City:	Reno
	State:	NV
	ZIP Code:	89502
7	Full Name:	George E McHenry
	Officer/Director:	Officer, Director
	Officer's Title:	Secretary
	Director's Title:	Director
	Business Address:	4850 Joule Street, Suite A-1
	City:	Reno
	State:	NV
	ZIP Code:	89502

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**State of California
Secretary of State**

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CERTIFICATE OF STATUS

ENTITY NAME:

ACP MEDICAL SUPPLY CORPORATION

FILE NUMBER: C2284098
FORMATION DATE: 08/03/2001
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 24, 2010.

Debra Bowen

**DEBRA BOWEN
Secretary of State**