

F1200000001459

Florida Department of State
Division of Corporations
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To:

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

002605.162942

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****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
THERATECH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

12 APR -4 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 APR -4 PM 1:11

RECEIVED

MRS 4/5/12

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**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. Theratech, 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. Tennessee 3. 62-1649802
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/29/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4345 SOUTHPOINT BLVD., JACKSONVILLE, FL 32216
(Principal office address)

4345 SOUTHPOINT BLVD., JACKSONVILLE, FL 32216
(Current mailing address)

8. Sale and distribution of medical supplies.
(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: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (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.

NRAI Services, Inc.

By: 

(Registered agent's signature)

Peter F. Souza, Assistant Secretary

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David M. Bronson

Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216

Director: Andrew E. Behrends

Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216

B. OFFICERS

President: VACANT

Address: _____

Vice President: David M. Bronson

Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216

4345 Southpoint Boulevard, Jacksonville, Florida 32216

Secretary: & VP - Joshua DeRienzi

Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216

Treasurer: & VP - David D. Klarner

Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216

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. David D. Klarner, VP / Treasurer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**STATE OF TENNESSEE**
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102**CFS**
STE B
992 DAVIDSON DR
NASHVILLE, TN 37205-1051

April 2, 2012

Request Type: Certificate of Existence/Authorization
Request #: 0062798**Issuance Date: 04/02/2012**
Copies Requested: 9**Document Receipt****Receipt #: 708720****Filing Fee: \$180.00****Payment-Check/MO - CFS, NASHVILLE, TN****\$200.00****Regarding: THERATECH, INC.**
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 08/28/1998
Status: Active
Duration Term: Perpetual**Control #: 317308**
Date Formed: 08/28/1998
Formation Locale: DAVIDSON COUNTY
Inactive Date:**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

THERATECH, INC.

- * is a Corporation duly incorporated under the law of this State with a date of Incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State**Processed By: Nichole Hambrick****Verification #: 000723819****Phone 615-741-6488 • Fax (615) 741-7310 • Website: <http://tnbears.tn.gov/>****H12000087540 3**