

F1200000 1878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

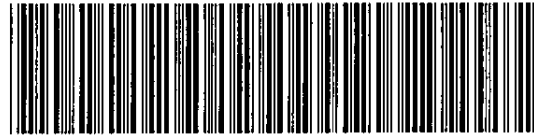
(Business Entity Name)

(Document Number)

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

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1/4

## COVER LETTER

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

**SUBJECT:** Medical Science Products, 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," 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:

Gary Smith  
Name of Person  
Medical Science Products, Inc.  
Firm/Company  
517 Elm Ridge Ave., PO Box 381  
Address  
Canal Fulton, OH 44614  
City/State and Zip code  
gsmith@medsciencepro.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Jane Smith at ( 330 ) 854-4060  
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 Science Products, 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. Ohio

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

3. 341478002

(FEI number, if applicable)

4. 07/09/1985

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 517 Elm Ridge Ave., PO Box 381, Canal Fulton, OH 44614

(Principal office address)

517 Elm Ridge Ave., PO Box 381, Canal Fulton, OH 44614

(Current mailing address)

8. Durable Medical Equipment Provider

(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: Gary Smith

Office Address: 975 Imperial Golf Course Blvd., Suite 119-57

Naples

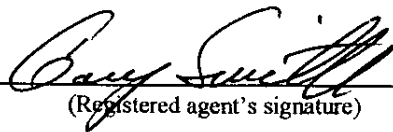
(City)

Florida 34110

(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.*

  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: Gary Smith

Address: 517 Elm Ridge Ave., PO Box 381  
Canal Fulton, OH 44614

Vice President: Barbara Jane Smith

Address: 517 Elm Ridge Avenue, PO Box 381  
Canal Fulton, OH 44614

Secretary: Jennifer Smith

Address: 517 Elm Ridge Ave., PO Box 381, Canal Fulton, OH 44614

Treasurer: Travis Smith

Address: 517 Elm Ridge Ave., PO Box 381, Canal Fulton, OH 44614

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

13. \_\_\_\_\_

*Gary Smith* - President  
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. Gary Smith, President

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

FILED

12 MAY -2 PM 1:26

SECRETARY OF STATE  
CANTON, OHIO

**United States of America  
State of Ohio  
Office of the Secretary of State**

FILED  
12 MAY -2 PM 1:26  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEDICAL SCIENCE PRODUCTS, INC., an Ohio corporation, Charter No. 658413, having its principal location in Massillon, County of Stark, was incorporated on July 09, 1985 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 18th day of April, A.D. 2012*

*Jon Husted*

Ohio Secretary of State

Validation Number: V2012108A623A9