# F13000002748

(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:									

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13 JUN 24 AM II: 3

# **COVER LETTER**

TO: New Filing Section Division of Corporations									
SUBJECT: Lifeline Medical, 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:  Tushar Shah									
Name of Person									
Lifeline Medical, Inc.									
Firm/Company									
15241 Telcom Drive									
Address									
Brooksville, FL 34604									
City/State and Zip code									
tushar@lifelinemedical.net ✓ 🚟 🛣									
For further information concerning this matter, please call:									
Tushar Shah  Name of Person  Area Code & Daytime Telephone Number									
Name of Person Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Control of Corporations Clifton Building Control of Corporations P.O. Box 6327 Control of Corporations Clifton Building Control of Corporations P.O. Box 6327 Control of Corporations Clifton Building Control of Corporations Control of Control of Control of Corporations Control of Control of Control of Contr									
Enclosed is a check for the following amount:									
□ \$70.00 Filing Fee  □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy  □ \$87.50 Filing Fee, Certified Copy									



15241 Telcom Drive Brooksville, FL 34604

PHONE: 800-452-4566 203-748-3806

FAX: 352-797-8669

E-mail: sales@lifelinemedical.net

June 20, 2013

Florida Department of State Division of Corporations

Re: Ref. Number W13000031154

In reference to the above letter, I am enclosing a Certificate of Good Standing from the State of Connecticut.

In addition, I affirm that we have no intention of revoking the voluntary dissolution of Lifeline Medical, Inc. filed on March 8, 2013 by myself and ask that the name be released so that we may register it as a foreign corporation in the State of Florida.

Thank you for your assistance.

Tushar Shah President

NECEIVED

13 JUN 24 PH 3: 32

DEPARTMENT OF STATE OF STAT



May 29, 2013

TUSHAR SHAH LIFELINE MEDICAL, INC. 15241 TELCOM DRIVE BROOKSVILLE, FL 34604

SUBJECT: LIFELINE MEDICAL, INC.

Ref. Number: W13000031154

We have received your document for LIFELINE MEDICAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6052.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 113A00013493

www.sunbiz.org

District of Compositions DO POV 6207 Tollahaggas Florida 2021

## 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.

٠, _		edical, Inc.	717.11	"""	A(DANIV " "COOLDOD ATION "			_	
		rporation; must include "INCORPORATI rp," "Inc," "Co," or "Corp.")	±D,∵		MPANY," "CORPORATION,"				
-		1		•				_	
•	_	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
۷٠ _	(State or country under the law of which it is incorporated)		3.	(FEI number, if applicable)					
4	February 7, 1991  (Date of incorporation)			Perpetual				_	
ĺ	<sub>(Дайе о</sub> Мау 1, 20	•		(Dura	ation: Year corp. will cease to exist	or "perpe	iua!^')		
6	iviay 1, 20	(Date first transacted busine	ee ir	Florie	da if prior to registration)			-	
		(SEE SECTIONS 607.1501 & 60							
7. 1	266 East	Main Street, Suite 7000	)R	, St	amford, CT 06902				
(Principal office address)									
15241 Telcom Drive, Brooksville, FL 34604							끖		
(Current mailing address)						1 = 1 ( 	HU	_ 	
8 Sales of medical equipment							24		
0	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						Ī	- ::	
9. 1	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)						MH: 38		
	Name:	Tushar Shah	`				38		
Off	ice Address:	3440 Palometa Drive							
		Hernando Beach			, Florida 34607 (Zip code)				
		(City)			(Zip code)				
10.	Registered ag	ent's acceptance:							
	_	ed as registered agent and to accept s		_				_	
		application, I hereby accept the appo mply with the provisions of all status							
	_	miliar with and accept the obligation					,	•	

(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: \_ Address: \_\_ **B. OFFICERS** President: Tushar Shah Address: 3440 Palometa Drive, Hernando Beach, FL 34607 Secretary: \_\_ Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Tushar Shah, President

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

# Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

### LIFELINE MEDICAL, INC.

a domestic STOCK corporation, was filed in this office on February 07, 1991, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: June 20, 2013

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Business ID: 0257214 Express Certificate Number: 2013178001001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov