

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu

Corporate Filing Menu

Help

8/13/2013

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## **COVER LETTER**

	Filing Section ion of Corporations			
SUBJECT:	Choice Medical, Inc.			
	Nan	ne of corporation	on - must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign f Existence," or "Certific ced foreign corporation t	ate of Good St	or Authorization to Transs anding" and check are sui ness in Florida.	act Business in Florida," bmltted to register the
Please return	all correspondence conce	eming this mat	er to the following:	
John Hale		•		
		Name o	f Person	
Choice Medica	l, Inc.			
		Firm/Co	mpany	
400 Erin Drive			,	
		Add	ress	
Knoxville, TN	37919			
		City/State	and Zip code	
JHale@choicer				
	E-mail addr	ess: (to be used	for future annual report	notification)
For further inf	ormation concerning this	s matter, please	cali:	
Judy Barkhumt	•	at ( 865	243–3983	
Name	of Person	Arez	Code & Daytime Teleph	one Number
New F Divisi Clifto 2661 I	ET/COURIER ADDRI illing Section on of Corporations a Building Executive Center Circle assee, FL 32301	<b>255:</b>	MAILING A New Filing So Division of Co P.O. Box 632: Tallahassee, F	ection orporations 7
Enclosed is a c	check for the following a	mount:		
□ \$70.00 Fili		ing Fee & . (e of Status	378.75 Filing Fee & Certified Copy	S87.50 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.

"IDC.," "CO.," "C	`orp," "inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate ne	une :	adopted for the purpose of transacting business in Florids)	•
Tennessee		3.	46-0481963	
(State or country	under the law of which it is incorporated)		(FEI mmber, if applicable)	•
1/25/2002		5.	perpetual	
(Date	of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")	•
8/1/2013		•		
, 400 Erin Drive, I	(Date first transacted busing (SEE SECTIONS 607.1501 & 60 Knoxville, TN 37919	99 in 17.15	n Plorida, if prior to registration) 802, F.S., to determine penalty liability)	
<u> </u>	(Principal office	add	rest)	
400 Erin Drive,	Knoxville, TN 37919	:	ž	<b>ະ</b> ດ
<del></del>	(Current mailing	addı	(CS)	3 AUG
		:		2 1 1 2 mail
Medical Sales		,		¥ =
•	s) of corporation authorized in home state of	ir co	untry to be carried out in state of Florida)	13
(Purpose(	s) of corporation authorized in home state of at address of Florida registered agent:	:	Ly.	13 AH
(Purpose(	: -	:	Ly.	13 AMIO:
(Purpose(:	gt address of Florida registered agent:	:	Ly.	13 AH
(Purpose(: . Name and street . Name:	et address of Florida registered agent: CT Corporation System	:	Ly.	13 AMIO:

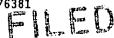
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 Danny Verdecchia, Jr. Asst. Secretary

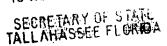
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13 AUG 13 AM 10: 26

12. Names and business addresses of officers and/o	or directors:	SECRETARY OF STATE
A. DIRECTORS	•	TALLAHASSEE FLORES
Chairman: Richard Henson	: 	
Address: 400 Erin Drive		
Knozville, TN 37919		
Vice Chairman: Martin Altshuler		
Address: 400 Erin Drive	<del></del>	
Knoxville, TN 37919		
Director:	<del></del>	
Address:		
Director:		
Address:		
	·	
B. OFFICERS		
President: Richard Henson	•	
Address: 400 Bria Drive		
Knoxville, TN 37919		
Vice President:		
Address:		
Secretary: Martin Alishuler		
Address: 400 Erin Drive, Knoxville, TN 37919		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to	to the application listing	additional officers and/or directors.
13. Signature	e of Director or Officer	
The officer or director signing this document (and ware true and that he or she is aware that false informate third degree felony as provided for in s.817.155, F.	ho is listed in number I ation submitted in a doc S.	ument to the Department of State constitutes
14. Martin Altshuler (Typed or printed name and	-Secreta	ry
(Typed or printed name and	capacity of person sign	ing application)



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## 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

**CT CORPORATION SYSTEM** 

2390 E CAMELBACK ROAD PHOENIX, AZ 85016

Request Type: Certificate of Existence/Authorization

Request #:

0105423

Issuance Date: 08/12/2013

Copies Requested:

**Document Receipt** 

Receipt #: 1124940

Payment-Credit Card - TennesseeAnytime Online Payment #: 151656716

Regarding: Filling Type: CHOICE MEDICAL, INC. Corporation For-Profit - Domestic

Formation/Qualification Date: 01/25/2002

Status: **Duration Term:** 

Active Perpetual

**Business County: KNOX COUNTY** 

Filing Fee:

\$22,25

August 12, 2013

\$22.25

420773

Date Formed: 01/25/2002 Formation Locale: TENNESSEE

Inactive Date:

Control#:

#### **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

#### CHOICE MEDICAL, 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.

Secretary of State

Processed By: Cert Web User

Verification #: 003924628