

F14000002720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

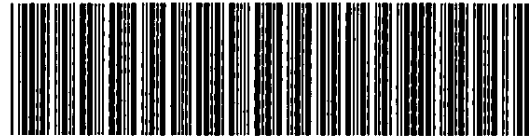
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260542951

05/28/14--01012--010 **87.50

06/25/14--01001--002 **800.00

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14 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14 - 33853

[Signature] 06/25/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

14 JUN 2014 2:24

STATE
FLORIDA

May 30, 2014

NOELLE RICKERT
LIBERTY MEDICAL SUPPLY, INC.
8881 LIBERTY LANE, ATTN: LICENSING
PORT ST. LUCIE, FL 34952

SUBJECT: POLYMEDICA CORPORATION
Ref. Number: W14000033853



We have received your document for POLYMEDICA CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 014A00011731

USPS EM #E1433165887US
Ref #W14000033853
Letter #014A00011731



June 19, 2014

VIA USPS EXPRESS MAIL #EI433165887US

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Thomas Chang, Regulatory Specialist II

RE: POLYMEDICA CORPORATION (Ref. #W14000033853)

Dear Mr. Chang,

On behalf of Noelle Rickert, enclosed please find check # 100105331 in the amount of \$800.00 for the civil penalty and annual report filing fees referenced in your letter #014A00011731. The check is attached to a copy of the documents previously submitted on behalf of this entity, for additional reference.

Should you have any questions or concerns, please contact Noelle Rickert via the Liberty Licensing Department at (772) 398-2122 or via email, LibertyLicensing@LibertyMedical.com.

Thank you,

Vernillia Burgher
Licensing & Regulatory Analyst II

COVER LETTER

TO: Filing Section
Division of Corporations

SUBJECT: PolyMedica Corporation
(Name of Foreign Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noelle Rickert
(Name of Person)

Liberty Medical Supply, Inc.
(Firm/Company)

8881 Liberty Lane, Attn: Licensing
(Address)

Port St. Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Noelle Rickert at (772) 398-5845
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$87.50 Filing Fee

☐ \$96.25 Filing Fee & 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. PolyMedica Corporation

(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. Massachusetts

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

3. 04-3033368

(FEI number, if applicable)

4. 11/16/88

(Date of incorporation)

5. Perpetual

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

6. 12/3/2012

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

7. 8881 Liberty Lane, Port St. Lucie, FL 34952

(Principal office address)

Same

(Current mailing address)

8. Holding Company

(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: CT Corporation

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

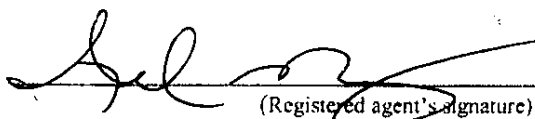
(Zip code)

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.

Angel Nunez

Assistant Secretary


(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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14 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**

President: Please see the attached for a complete listing

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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

13. _____

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. Frank Harvey, President

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

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JUN 25 AM 8:47
TALLAHASSEE, FLORIDA

USPS 9405512699350036153516



PolyMedica Corporation
8881 Liberty Lane
Port St. Lucie, FL 34952
FEIN # 04-3033368

OFFICERS

| | | |
|---|--|---|
| Frank Harvey, President Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 | Arlene Rodriguez, Chief Operations Officer Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 | Harry Rosenfeld, Chief Financial Officer Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 |
| Samuel Silek, EVP, Secretary & Chief Sourcing Officer Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 | Timothy Tidd, Vice President & Chief Information Officer Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 | Robert Mark, Chief Sales Officer Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 |
| M. Freddie Reiss, Director Business Address: 8881 Liberty Lane Port St. Lucie, FL 34952 | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02138

Date: May 12, 2014

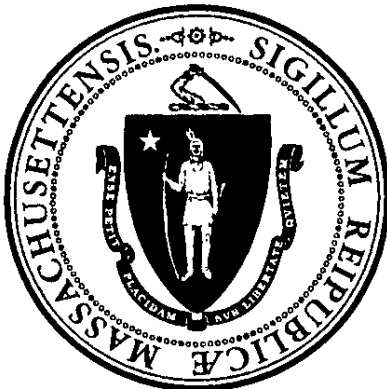
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TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that according to the records of this office,

POLYMEDICA CORPORATION

is a domestic corporation organized on **November 16, 1988** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 14057497610

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tgr