

F 14000002781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

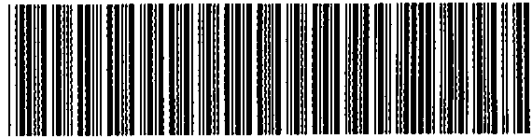
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261462429

RECEIVED
CLERK OF STATE
OFFICE OF CORPORATIONS
2014 JUN 26 PM 4:18
TALLAHASSEE, FLORIDA
SUPREMACY OF FILING

FILED
14 JUN 26 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/27/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 193144 5046129
AUTHORIZATION :
COST LIMIT : \$70.00

Spuddeven

ORDER DATE : June 25, 2014
ORDER TIME : 1:33 PM
ORDER NO. : 193144-005
CUSTOMER NO: 5046129

FOREIGN FILINGS

NAME: ACE SURGICAL SUPPLY CO., INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

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14 JUN 26 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ace Surgical Supply Co., 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:

Michael S. Ettinger

Name of Person

Henry Schein, Inc.

Firm/Company

135 Duryea Road, E-365

Address

Melville, NY 11747

City/State and Zip code

Chris.Peraino@henryschein.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Lee

Name of Person

at (631) 390-8000 x 3547

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Ace Surgical Supply Co., 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. Massachusetts 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/27/1967 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1034 Pearl Street Brockton, MA 02301 (Principal office address)

1034 Pearl Street Brockton, MA 02301 (Current mailing address)

8. Wholesale drug distributor (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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (City) (Zip code)

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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.

Corporation Service Company

By: Emily Gray Asst VP (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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: see attached list of officers and directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

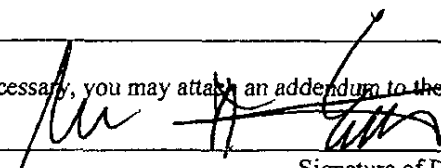
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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



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. Michael S. Ettinger, Vice President, Secretary

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

ACE SURGICAL SUPPLY CO., INC.

Officers:

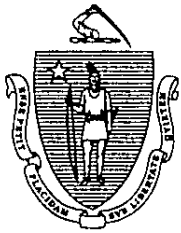
J. Edward Carchidi, Scientific Advisor
Craig Carchidi, President
Christopher Carchidi, Marketing Director
Michael S. Ettinger, Vice President, Secretary
Mark E. Mlotek, Executive Vice President
Steven Paladino, Executive Vice President
Ferdinand G. Jahnel, Treasurer

Directors:

Stanley M. Bergman
J. Edward Carchidi
Craig Carchidi
Mark E. Mlotek
Lonnie Shoff

Address for all is 1034 Pearl Street Brockton, MA 02301.

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14 JUN 26 AM 9:07
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TALLAHASSEE, FLORIDA



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

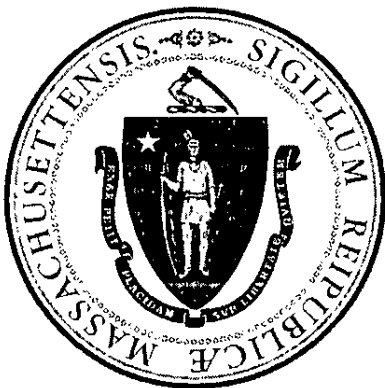
Date: June 24, 2014

FILED
14 JUN 26 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that according to the records of this office,
ACE SURGICAL SUPPLY CO., INC.

is a domestic corporation organized on **April 27, 1967** , 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: 14068248490

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

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