

FH400000-4958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

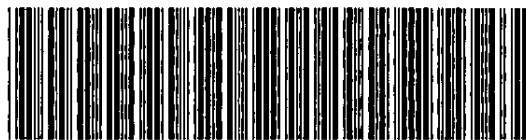
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400257678294

03/18/14--01021--003 \*\*78.75

FILED  
14 NOV 25 PM 12:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1111-17939

MD 11/25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2014

JOHN JEFFREY PEEDIN  
EAGLE HOME MEDICAL CORP  
1016 JULIAN ALLSBROOK HWY.  
ROANOKE RAPIDS, NC 27870

SUBJECT: EAGLE HOME MEDICAL CORP  
Ref. Number: W14000017939

We have received your document for EAGLE HOME MEDICAL CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

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.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 614A00006063



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2014

JOHN JEFFREY PEEDIN  
EAGLE HOME MEDICAL CORP  
1016 JULIAN ALLSBROOK HWY.  
ROANOKE RAPIDS, NC 27870

SUBJECT: EAGLE HOME MEDICAL CORP  
Ref. Number: W14000017939

We have received your document for EAGLE HOME MEDICAL CORP and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 614A00006063

## COVER LETTER

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

**SUBJECT:** EAGLE HOME MEDICAL CORP

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:

John Jeffrey Peedin

Name of Person

EAGLE HOME MEDICAL CORP

Firm/Company

1016 JULIAN ALLSBROOK HWY

Address

ROANOKE RAPIDS, NC 27870

City/State and Zip code

robin@eagle-home-medical.com

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

For further information concerning this matter, please call:

Robin I. Ezzell

Name of Person

at ( 252 ) 537-2400

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. **EAGLE HOME MEDICAL CORP**

(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. **NC**

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

3. **56-1874595**

(FEI number, if applicable)

4. **MAY 27, 1994**

(Date of incorporation)

5. **Perpetual**

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

6. **APRIL 1, 2014**

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

7. **1016 Julian Allsbrook Hwy, Roanoke Rapids, NC 27870**

(Principal office address)

**1016 Julian Allsbrook Hwy, Roanoke Rapids, NC 27870**

(Current mailing address)

8. **Supplier of oxygen tanks to Veteran Affairs Hospital**

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

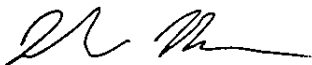
Plantation, Florida 33324

(City)

(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.*



Jordan Brown, Asst. 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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Joseph R. Henson

Address: 145 Country Club Terrace

Winchester, TN 37398

Vice President: John Jeffrey Peedin

Address: 171 Poe Creek Drive

Littleton, NC 27850

Secretary: Pamela H. Peedin

Address: 171 Poe Creek Drive, Littleton, NC 27850

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. John Jeffrey Peedin

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

14 NOV 25 PM 12:00  
DEPARTMENT OF STATE  
ALL AMBASSY, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### EAGLE HOME MEDICAL CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of May, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

14 NOV 25 14:12:00  
SECRETARY OF STATE  
CALLAHAN, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of November, 2014.

*Elaine F. Marshall*

Secretary of State