

**F/5000000624**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FEB 16 2015**

**S. GILBERT**

## COVER LETTER

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

**SUBJECT:** Premier 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:

Ann Coleman

Name of Person

Premier Medical, Inc.

Firm/Company

33 Market Point Drive

Address

Greenville, SC 29607

City/State and Zip code

acoleman@vesselmedical.com

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

For further information concerning this matter, please call:

Ann Coleman

Name of Person

at (864) 862-0517

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. Premier Medical, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Premier Medical Laboratory Services, THIC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina

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

3. 26-1594502

(FEI number, if applicable)

4. 11-16-2007

(Date of incorporation)

5. perpetual

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

6. n/a

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

7. 10 Jack Casey Drive, Fountain Inn, SC 29644

(Principal office address)

same

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Sean Christian

Office Address:

5801 Nature View Dr Suite 110

Windermere,

(City)

, Florida 34786

(Zip code)

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TALLAHASSEE, FLORIDA

9. 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.*

Sean Christian

(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: Kevin Murdock

Address: 118 James Street Greenville 29609  
Greenville, SC 29609

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

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

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

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

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

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

**B. OFFICERS**

President: Kevin Murdock

Address: 118 James Street Greenville 29609  
Greenville, SC 29609

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. \_\_\_\_\_

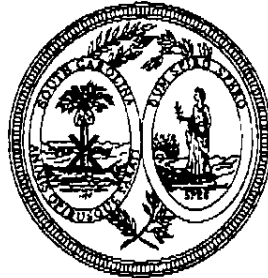
Signature of Director or Officer

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.

13. Kevin Murdock

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

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**PREMIER MEDICAL, INC.,**  
a corporation duly organized under the laws of the State of South Carolina on November 16th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
5th day of February, 2015.

  
Mark Hammond, Secretary of State



# South Carolina Secretary of State Mark Hammond

Notice to Recipient:  
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To: Kevin Muebeck

Voice: ( ) 404-4699

FAX: (800) There are 2 Pages transmitted including this cover sheet

From: [Signature] 404-4699

Voice: ( )

FAX: ( )

Comments: Re: Medical, Inc

(803) 734-2170  
Information

(803) 734-2158  
Business Filings

(803) 734-2119  
Notaries

1205 Pendleton Street  
Brown Bldg, Suite 53  
Columbia, SC 29201

Feb. 6. 2015 5:04PM