

F1500000703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

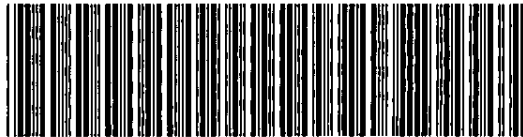
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600269140976

02/18/15--01010--023 \*\*87.50

FILED  
15 FEB 19 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** ABOUT YOU HOME HEATLH AND MEDICAL SUPPLIES 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:

PAMALA A SEYMOUR

Name of Person

ABOUT YOU HOME HEATLH AND MEDICAL SUPPLIES INC

Firm/Company

117 NORTH 7TH STREET

Address

FORT PIERCE, FLORIDA 34950

City/State and Zip code

PSEYMOUR@MEDPROSOFAMERICA.COM

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

For further information concerning this matter, please call:

PAM SEYMOUR

Name of Person

at ( 772 ) 801-5024

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. **ABOUT YOU HOME HEALTH AND MEDICAL SUPPLIES INC**

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

**ABOUT YOU MEDICAL SUPPLIES**

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

2. **ARIZONA** 3. **80-6012283**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **02/16/2010** 5. **PERPETUAL**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **01/15/2015**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **117 NORTH 5TH STREET, FORT PIERCE, FL 34950**  
(Principal office address)

**117 NORTH 5TH STREET, FORT PIERCE, FL 34950**  
(Current mailing address)

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

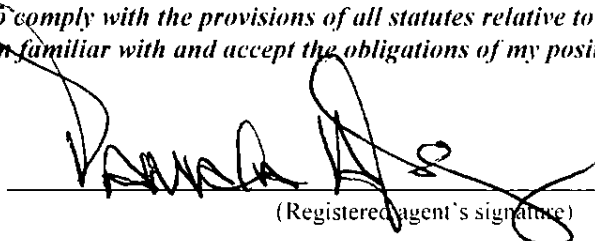
Name: **PAMALA A SEYMOUR**

Office Address: **117 NORTH 5TH STREET**

**FORT PIERCE**, Florida **34950**  
(City) (Zip code)

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.*

  
(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.

FILED  
15 FEB 19 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: PAMALA A SEYMOUR

Address: 117 NORTH 5TH STREET  
FORT PIERCE, FL 34950

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

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

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

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

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

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

**B. OFFICERS**

President: PAMALA A SEYMOUR

Address: 117 NORTH 5TH STREET  
FORT PIERCE, FL 34950

Vice President: DON MOCK

Address: 117 NORTH 5TH STREET  
FORT PIERCE, FL 34950

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

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

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

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

FILED  
15 FEB 19 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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. PAMALA A SEYMOUR, CHAIRMAN

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

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*ABOUT YOU HOME HEALTH AND MEDICAL SUPPLIES INC\*\*\*

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 13, 2010.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 9th Day of February, 2015, A. D.



  
Jodi A. Jerich, Executive Director

By: 1185132

FILED  
15 FEB 19 AM 7:48  
SECRETARY OF STATE  
TALAMON  
ARIZONA