

File 000000757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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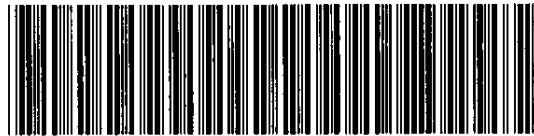
(Business Entity Name)

(Document Number)

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

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16 FEB 19 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE

16 FEB 19 PM 4:49

FEB 22 2016  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 023545 4305340

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : February 19, 2016

ORDER TIME : 3:57 PM

ORDER NO. : 023545-005

CUSTOMER NO: 4305340

FOREIGN FILINGS

NAME: MEDICAL DEPOT, 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: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**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. Medical Depot, 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. Delaware

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

3. 11-3525013

(FEI number, if applicable)

4. 01/12/2000

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than 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. 99 Seaview Blvd., Port Washington, NY 11050

(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

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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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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: Harvey Diamond

Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

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

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

Director: Richard Kolodny

Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

Director: Jeffrey Schwartz

Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

**B. OFFICERS**

President: Richard Kolodny

Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

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

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

Secretary: Thomas San Antonio

Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

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 11 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. Richard Kolodny, President

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

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**MEDICAL DEPOT, INC.**  
**ADDITIONAL DIRECTORS AND OFFICERS**

**Additional Directors**

Director: Carlos Ferrer
Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050
Director: Justin Yang
Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

**Additional Officers**

Chief Executive Officer: Harvey Diamond
Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050
Executive Vice President: Jeffrey Schwartz
Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050
Assistant Secretary: Craig Zumbo
Address: c/o Medical Depot, Inc., 99 Seaview Blvd., Port Washington, NY 11050

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TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL DEPOT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL DEPOT, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3154830 8300

SR# 20160960375

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 201858532

Date: 02-19-16