

FL6000002659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

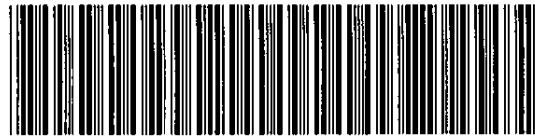
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2016 JUN 10 PM 12:10  
SECT  
TALLAH  
FLORIDA

CCS Medical  
Corporate Headquarters  
1505 LBJ Freeway, Suite 600  
Farmers Branch, TX 75234  
[www.ccsmed.com](http://www.ccsmed.com)

June 6, 2016

Florida Dept. of State  
Division of Corporations  
ATTN: Certification  
PO Box 6327  
Tallahassee, FL 32314

RE: MedShip Direct, Inc.  
Ref. Number: W16000028454

Dear Certification:

Thank you for your letter of May 4, 2016. Please find enclosed a certificate of good standing dated 06/06/2016 per your request.

If you require any further information, please contact me directly at 972-773-4373 or [tomnuechambers@ccsmed.com](mailto:tomnuechambers@ccsmed.com). Thank you.

Sincerely,

Tommie Chambers  
Licensing Manager

Enclosure

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MedShip Direct, 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:

Tommy Chambers

Name of Person	FILED 16 JUN 10 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MedShip Direct, Inc.	
Firm/Company	
1505 LBJ Freeway, Suite 600	
Address	
Farmers Branch, TX 75234	
City/State and Zip code	
tommy.chambers@ccsmed.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Tommy Chambers	972	773-4373
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. MedShip Direct, 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. Georgia 3. 58-2266328  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/28/1996 5. \_\_\_\_\_  
(Date of incorporation) (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. 14255-49th Street North, Suite 302, Clearwater, FL 33762  
(Principal office address)
- 1505 LBJ Freeway, Suite 600, Farmers Branch, TX 75234  
(Current mailing address, if different)
8. 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, FL 33324  
(City) (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.

C.T. Corporation System

By: KWB

**Kristin Bolden**  
Assistant Secretary

(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: Rodney Carson

Address: 5760 Daniel Rd, #7407

Plano, TX 75024

Vice President: Thomas Hofmeister

Address: 318 Horseback Hollow

Austin, TX 78732

Secretary: Monica Raines

Address: 8400 Ruby Court, McKinney, TX 75070

Treasurer: Thomas Hofmeister

Address: 318 Horseback Hollow, Austin, TX 78732

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

12. Rodney Carson

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. Rodney Carson

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

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TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**MEDSHIP DIRECT, INC.**

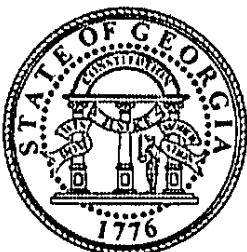
**a Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 13195075  
Date Inc/Auth/Filed : 10/28/1996  
Jurisdiction : Georgia  
Print Date : 06/06/2016  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State