

F17000001986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 MAY -2 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 3 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2017

THOMAS F. GREANY
822 US HIGHWAY A1A N, #310
PONTE VEDRA BEACH, FL 32082

SUBJECT: GENERAL MEDICAL COMPANY
Ref. Number: W17000011815

We have received your document for GENERAL MEDICAL COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00002674

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAL MEDICAL COMPANY
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:

Thomas F. Greany

Name of Person

General Medical Company

Firm/Company

822 US Highway A1A N #310

Address

Ponte Vedra Beach, FL

City/State and Zip code

tfgr@drionic.com

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

For further information concerning this matter, please call:

Thomas Greany

Name of Person

at (626)

Area Code

796-1051

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. General Medical Company
(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. California 3. 95 2288296
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1963 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not applicable
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 822 US Highway A1A N #310 Ponte Vedra Bch Fl 32082
(Principal office address)

(Current mailing address, if different)

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

Name: Thomas Greany

Office Address: 532 Sunset Drive

Ponte Vedra Beach, Florida 32082
(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.

Thomas Greany
(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: Thomas Greany
Address: 532 Sunset Drive Ponte Vedra Beach FL 32082

Vice Chairman: _____
Address: _____

Director: Esther Yan Reams
Address: 532 Sunset Drive Ponte Vedra Beach FL 32082

Director: _____
Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Thomas Greany
Address: 532 Sunset Drive Ponte Vedra Beach, FL 32082

Vice President: _____
Address: _____

Secretary: Esther Yan Reams
Address: 532 Sunset Drive Ponte Vedra Beach FL 32082

Treasurer: _____
Address: _____

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

12. Thomas Greany
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. Thomas Greany
(Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GENERAL MEDICAL COMPANY

FILE NUMBER: C0461202
FORMATION DATE: 11/21/1963
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 24, 2017.

ALEX PADILLA
Secretary of State