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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

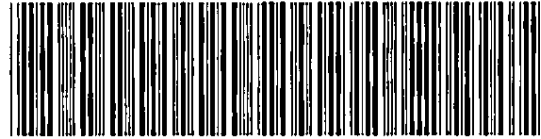
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SECRETARY OF STATE
TALLAHASSEE, FL



Attorneys and Counselors at Law
123 South Calhoun Street
P.O. Box 391 32302
Tallahassee, FL 32301
P: (850) 224-9115
F: (850) 222-7560
ausley.com

February 29, 2024

VIA HAND-DELIVERY

Florida Secretary of State
Division of Corporations
2415 N Monroe St
Suite 810
Tallahassee, FL 32303

**Re: Filing Of Application by Foreign Corporation For Authorization to
Transact Business in Florida
White Aid Medical Supplies, Inc.**

Dear Sir or Madam:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business Florida for filing and processing.

Also enclosed is an extra copy of the document(s) for date stamping and a check in the amount of \$87.50 for the required filing fee Certificate of Status and Certified Copy. I would like to pick up the documents after they have been processed. My contact information is below.

Please do not hesitate to contact me regarding this filing should you have any questions.

Sincerely,

/s/ Janet McVaney
Paralegal at Ausley & McMullen
jmcvaney@ausley.com
(850) 425-5307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Aid 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:

William Censor

Name of Person

White Aid Medical Supplies, Inc.

Firm/Company

674 Myrtle Ave

Address

Brooklyn NY 11205

City/State and Zip code

william@whiteaidmedical.com

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

For further information concerning this matter, please call:

William Censor

at (718)

852-8222 Ext. 109

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☒ \$87.50 Filing Fee.

**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. White Aid Medical Supplies 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. New York 3. 20-2386181
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 23, 2005 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. 674 Myrtle Avenue, Brooklyn, NY 11205-3950
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agents Inc
- Office Address: 7901 4th St N STE 300
- St. Petersburg, Florida 33702
(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.

David Roberts

(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.

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2024 FEB 29 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: William Censor
☐ Vice Chairman Address: 674 Myrtle Ave
☐ Director Brooklyn NY 11205
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WHITE AID MEDICAL SUPPLIES INC.
DOS ID Number: 3167865
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/23/2005
Statement Status: CURRENT
Statement Due Date: 02/28/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 02/23/2005
Entity Name: WHITE AID MEDICAL SUPPLIES INC.

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/26/2007
Effective Date: 02/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/06/2018
Effective Date: 02/01/2017

Document Type: AMENDMENT TO BIENNIAL STATEMENT
Date of Filing: 09/05/2018
Effective Date: 02/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/29/2020
Effective Date: 02/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/18/2021
Effective Date: 02/01/2021

Document Type: CERTIFICATE OF CHANGE BY ENTITY
Date of Filing: 07/28/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/07/2023
Effective Date: 02/01/2023

Above space is left blank intentionally.

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

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on February 27, 2024 at
05:30 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State