

# F96000002614

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: MULTIMEDICAL  
(Name of corporation - must include suffix)

000001937730  
-05/24/96--01010--005  
\*\*\*\*\*78.75\*\*\*\*\*78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

JAMES M. MCFARLIN  
(Name of Person)

WLS/23

MULTIMEDICAL PLUS, INC.  
(Firm/Company)

18830 US 19 N. SUITE 336  
(Address)

CLARWATER FL 34624  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAY 23 PM 12:05

Should you need to call someone concerning this matter, please call:

JAMES M. MCFARLIN at (913) 531 1515  
(Name of Person) (Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. MULTIMEDICAL PLUS, INCORPORATED  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. RHODE ISLAND 3. 05-0489904  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 4/3/96 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. MAY, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 18830 US 19 NORTH SUITE 336 CLEARWATER  
OR  
30 CUTLER STREET WARREN RI 02886  
(Current mailing address)
8. SELLING HEALTH CARE PRODUCTS & SERVICES & OTHER LAWFUL  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) PURPOSES
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: JAMES M. McFarlin  
Office Address: 18830 US 19 N. SUITE 336  
CLEARWATER, Florida, 34624  
(Zip Code)

**10. 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.*

*James M. McFarlin*  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: James M. Moniz

Address: 30 Cutler St.

Warren RI 02885

Vice Chairman: Greg Driscoll

Address: 30 Cutler St

Warren R.I. 02885

Director: Same as

Address: above

Director: I

Address: I

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JAMES M. MONIZ

Address: 30 CUTLER STREET

WARREN, RI 02885

Vice President: GREG DRISCOLL

Address: 30 CUTLER STREET

WARREN, RI 02885

Secretary: NORMAN J. BOLTON

Address: 189 Canal Street

Providence RI 02903

Treasurer: JAMES M. MONIZ

Address: 30 CUTLER STREET

WARREN, R.I. 02885

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

13. James M. Moniz  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JAMES M. MONIZ  
(Typed or printed name and capacity of person signing application)



State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island  
02903-1335

I, James R. Langevin, Secretary of the State of Rhode Island and  
Providence Plantations, **HEREBY CERTIFY** that  
**MultiMedical Plus, Inc.**

a Rhode Island corporation, filed original articles of Incorporation  
in this office on the third day of April A.D., 19 96 ;

I FURTHER CERTIFY that said corporation is now of record and in  
good standing in this office.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed the seal of the  
State of Rhode Island this twenty-fifth  
day of April A.D., 19 96

James R. Langevin  
Secretary of State

By Kerry E. Pesattulo  
Acting Deputy Secretary of State

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96 MAY 23 PM 12:06

