

120000004398

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

RESUBMIT

Please file original submission date on file copy.

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

10-22-12

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
OBMEDICAL COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	05 06
Estimated Charge	\$70.00

12 OCT 22 AM 10: 21

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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12 OCT 26 AM 8: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Am 10/29/12



October 23, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: OBMEDICAL COMPANY
REF: W12000054142

RESUBMIT

Please give original
submission date as file date.

10-22-12

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated in your document is not an active entity according to our records.

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) 245-6052.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H12000254257
Letter Number: 112A00025977

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OBMedical 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:

Weaver H. Gaines
Name of Person

OBMedical Company
Firm/Company

107 SW 140th Terrace, Suite 1
Address

Newberry, FL 32669
City/State and Zip code

wgaines@obmedco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Weaver H. Gaines at (917) 862-2274
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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. OBMedical 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. Delaware 3. 46-0537828
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 5, 2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. September 1, 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 107 SW 140th Terrace, Suite 1, Newberry FL 32669
(Principal office address)
Same as above
(Current mailing address)

8. Any lawful act or activity
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Neil Euliano, PhD

Office Address: 107 SW 140th Terrace, Suite 1
Newberry, Florida 32669
(City) (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.

Convergent Engineering

By: [Signature]
(Registered agent's signature) Neil Euliano

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.

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DIVISION OF CORPORATIONS
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Neil R. Euliano, Ph.D.

Address: 107 SW 140th Terrace, Suite 1, Newberry, FL 32669

Vice Chairman: Director: David M. Margulies, MD

Address: Executive Director, The Gene Partnership, Boston Children's,
1647 Beacon Street, No. 5, Newton, MA 02468

Director: Weaver H. Gaines

Address: 107 SW 140th Terrace, Suite 1, Newberry, FL 32669

Director: Thomas Stagnaro

Address: 2807 Whitehouse Road, Riva, MD 21140

B. OFFICERS

President: Weaver H. Gaines

Address: 107 SW 140th Terrace, Suite 1, Newberry, FL 32669

Vice President: _____

Address: _____

Secretary: Neil R. Euliano, Ph.D.

Address: 107 SW 140th Terrace, Suite 1, Newberry, FL 32669

Treasurer: _____

Address: _____

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

13. Weaver H. Gaines

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Weaver H. Gaines, President and Director

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OBMEDICAL COMPANY" 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 OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBMEDICAL COMPANY" WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9931137

DATE: 10-19-12