

Filing and License Fee: \$310.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

2014 MAR 14 AM 11:49
SECRETARY OF STATE
CORPORATIONS DIV

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is LMC MEDICAL SUPPLIES, INC.
2. It is incorporated under the laws of FLORIDA
3. The name, if different, which it elects to use in Rhode Island is:

(a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

(b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*
4. The date of its incorporation is November 27, 2006 and the period of its duration is PERPETUAL
5. The address of its principal office in the state or country under the laws of which it is incorporated is _____
950 PENINSULA CORPORATE CIRCLE, SUITE 1024, BOCA RATON, FL 33487-1385
6. The address of its proposed registered office in Rhode Island is One Richmond Square, STE 125B
(Street Address, not P.O. Box)
Providence, RI 02906 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is Northwest Registered Agent LLC
(Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
PROVIDE MAIL ORDER DME & DIABETIC SUPPLIES TO PATIENTS IN THE STATE OF RHODE ISLAND
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Name

Address

Director

PLEASE SEE ATTACHED

Director

Director

Director

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- (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>PLEASE SEE ATTACHED</u> ☒	
Vice President		
Treasurer		
Secretary		

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>1000</u> ☒	<u>COMMON</u>	<u>STOCK</u> ☒	<u>NO PAR VALUE</u> ☒

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 250000.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage].
11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 15000000.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 3/13/2014



 Signature of Authorized Officer of the Corporation

DR. STEVEN R. SILVERMAN ☒

Type or Print Name of Authorized Officer



LMC MEDICAL SUPPLIES, INC. dba LMC PHARMACY
950 PENINSULA CORPORATE CIRCLE, SUITE 1024
BOCA RATON, FL 33487

CORPORATE BOARD OF DIRECTORS & OFFICERS

Yael Camhi, President/Director

950 Peninsula Corporate Circle, Suite 1024
Boca Raton, Florida 33487-1385

Dr. Steven R. Silverman, CEO/Director

933 Clint Moore Road
Boca Raton, Florida 33487-2802

Lorri B. Silverman, Co-VP/Secretary

933 Clint Moore Road
Boca Raton, Florida 33487-2802

Lisa M. Porush, Co-VP/Treasurer

933 Clint Moore Road
Boca Raton, Florida 33487-2802

State of Florida

Department of State

I certify from the records of this office that LMC MEDICAL SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on November 27, 2006, effective November 27, 2006.

The document number of this corporation is P06000146662.

I further certify that said corporation has paid all fees due this office through December 31, 2014, that its most recent annual report/uniform business report was filed on January 29, 2014, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-first day of February,
2014*



Ken Detmer
Secretary of State

Authentication ID: CU1114357711

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

