

F01000004441

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuller Rehabilitation DBA Independent
(Name of corporation - must include suffix) Living Aids

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:

800004540088-6
-08/17/01--01048--018
*****87.50 *****87.50

Michael Fuller

(Name of Person)

Fuller Rehabilitation

(Firm/Company)

P.O. Box 615

(Address)

Ringgold, Ga 30736

(City/State and Zip code)

For further information concerning this matter, please call:

Michael Fuller

(Name of Person)

at (706) 965 4430

(Area Code & Daytime Telephone Number)

FILED
2001 AUG 17 AM 11:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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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. Fuller Rehabilitation + Consulting SERVICES, INC. (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. Georgia (State or country under the law of which it is incorporated) 3. 581876542 (FEI number, if applicable)

4. 12/7/89 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 30 Hidden Trace Ringgold GA 30736 (Principal office address)

P.O. Box 615 Ringgold GA 30736 (Current mailing address)

8. To Provide Durable Medical Equipment to physically challenged people. (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 or Mail Drop Box NOT acceptable)

Name: Jeff West

Office Address: 2285 E Moody Blvd Coastal Center Bunnell, Florida 32110 (City) (Zip code)

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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.

[Signature] (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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mike Fuller

Address: 30 Hidden Trace
Ringgold, GA 30736

Vice Chairman: Leifa Fuller

Address: 30 Hidden Trace
Ringgold Ga 30736

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carter Fuller

Address: 30 Hidden Trace
Ringgold GA 30736

Vice President: Michael Fuller

Address: 30 Hidden Trace
Ringgold Ga 30736

Secretary: _____

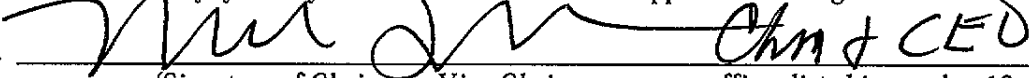
Address: _____

Treasurer: _____

Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

13.  Chm + CEO
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mike Fuller Chairman + CEO
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J923367
DATE INC/AUTH/FILED: 12/07/1989
JURISDICTION : GEORGIA
PRINT DATE : 08/16/2001
FORM NUMBER : 211

FULLER REHABILITATION
MICHAEL FULLER
P.O. BOX 615
RINGGOLD, GA 30736

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

FULLER REHABILITATION & CONSULTING SERVICES, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010816125005737



Cathy Cox
Secretary of State