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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

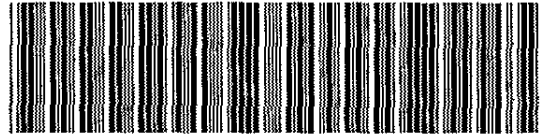
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 01 2007

**J. Stinson FEB 02 2007**

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mountaineer Low Air Loss Mattress & Medical Equipment 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," 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:

Rebecca A. Leshner

(Name of Person)

Mountaineer Low Air Loss Mattress & Medical Equipment Inc.

(Firm/Company)

69 Walnut Street, Suite A

(Address)

Shinnston, West Virginia, 26431

(City/State and Zip code)

For further information concerning this matter, please call:

Rebecca A. Leshner

(Name of Person)

at ( 800 ) 392-0367

(Area Code & Daytime Telephone Number)

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TALLAHASSEE

**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. Mountaineer Low Air Loss Mattress & Medical Equipment, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MedCareAmerica of Florida

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. West Virginia 3. 55-0750700  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1996 5. 10 years  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Target date Feburary 2007  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 69 Walnut Street, Suite A, Shinnston, West Virginia 26431  
(Principal office address)

69 Walnut Street, Suite A, Shinnston, West Virginia 26431  
(Current mailing address)

8. Durable Medical Equipment Company (DME)  
(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)

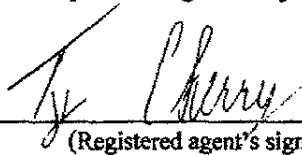
Name: MedCareAmerica of Florida INC

Office Address: 5283 W. Atlantic Ave. #104

Delray Beach, Florida 33484  
(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.*

  
\_\_\_\_\_  
(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.

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MAY 1 2007

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

**A. DIRECTORS**

Chairman: Denise M. Plutro

Address: Sunset Drive  
Fairmont, West Virginia 26554

Vice Chairman: Rebecca A. Leshner

Address: 69 Walnut Street, Suite B  
Shinnston, West Virginia, 26431

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Denise M. Plutro

Address: Sunset Drive  
Fairmont, West Virginia, 26554

Vice President: Rebecca A. Leshner

Address: 69 Walnut Street, Suite B  
Shinnston, West Virginia, 26431

Secretary: Denise M. Plutro

Address: Sunset Drive, Fairmont West Virginia, 26554

Treasurer: Rebecca A. Leshner

Address: 69 Walnut Street, Suite B, Shinnston, West Virginia 26431

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MILLERSBURG, VA

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

13. *Rebecca A. Leshner*  
(Signature of Director or Officer listed in number 12 of the application)

14. Rebecca A. Leshner, Vice-President  
(Typed or printed name and capacity of person signing application)

# State of West Virginia



## Certificate

*I, Betty Ireland, Secretary of State of the  
State of West Virginia, hereby certify that*

**MOUNTAINEER LOW AIR LOSS MATTRESS AND MEDICAL EQUIPMENT INC.**

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued  
by the West Virginia Secretary of State's Office on May 29, 1997.

I further certify that the corporation has not been revoked by the State of West Virginia nor has  
the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

## CERTIFICATE OF EXISTENCE



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
January 18, 2007*

*Betty Ireland*

*Secretary of State*