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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

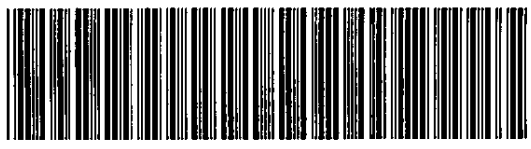
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 4

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2010
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Home Delivery Incontinent Supplies, Co.
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:

Michelle Duepner
Name of Person

Home Delivery Incontinent Supplies, Co.
Firm/Company

9385 Dielman Industrial Drive
Address

Olivette, MO 63132
City/State and Zip code

Michelle.Duepner@hdis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Duepner at (314) 997-8771, 5320
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. Home Delivery Incontinent Supplies, Co.
(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. Missouri 3. 43-151171
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 23, 1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 9385 Dielman Industrial Drive, Olivette, MO 63132
(Principal office address)

Same as above
(Current mailing address)

8. Medical Supply Sales
(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: Carol Jones

Office Address: 1310 South Ridgewood Avenue

Daytona Beach, Florida 32114
(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.

Carol D. Jones
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Bruce Grench

Address: 9385 Dielman Industrial Drive

Olivette, MO 63132

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bruce Grench

Address: 9385 Dielman Industrial Drive

Olivette, MO 63132

Vice President: Brian Flint, Stacy Davis, Mark Nedvin

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

9385 Dielman Industrial Drive, Olivette, MO 63132

Secretary: Brian Flint

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

Treasurer: Bruce Grench

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

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

13. BS
(Signature of Director or Officer listed in number 12 of the application)

14. Bruce Grench
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

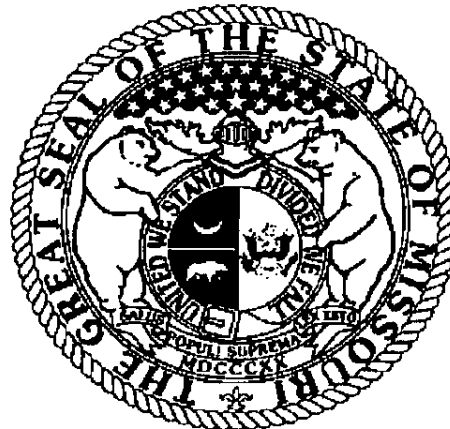
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HOME DELIVERY INCONTINENT SUPPLIES CO.
00326094

was created under the laws of this State on the 23rd day of March, 1989, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 13th day of August, 2010

Secretary of State



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TALLAHASSEE, FLORIDA