

14000001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

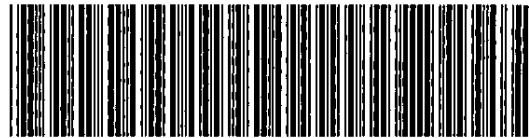
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR 21 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/1/22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FIRST BIOMEDICAL, 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," 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:

TATSIANA ALEKSYEYEV

Name of Person

INFUSYSTEM, INC.

Firm/Company

31700 RESEARCH PARK DRIVE

Address

MADISON HEIGHTS MI 48071

City/State and Zip code

TATSIANA.ALEKSYEYEV@INFUSYSTEM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TATSIANA ALEKSYEYEV at (800) 962-9656

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.

SECRETARY OF STATE
ALLAH ASSEF, FLORIDA
14 APR 21 PM 1:01

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1. FIRST BIOMEDICAL, INC.

(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. KANSAS

(State or country under the law of which it is incorporated)

3. 48-1201738

(FEI number, if applicable)

4. 04/30/1998

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 878 N. JAN-MAR COURT OLATHE KS 66061

(Principal office address)

878 N. JAN-MAR COURT OLATHE KS 66061

(Current mailing address)

8. Provide ambulatory infusion pump management services for oncologies

(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

By:

NRAI Services, Inc.

Rachel Glasheen, VP & Assistant Secretary

(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: RYAN MORRIS
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

Vice Chairman: _____
Address: _____

Director: ERIC STEEN
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

Director: JOSEPH WHITTERS
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

B. OFFICERS

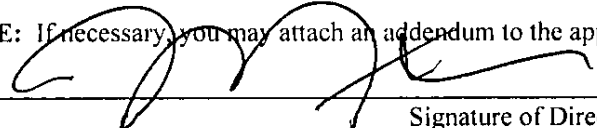
President: ERIC STEEN
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

Vice President: TRENT SMITH
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

Secretary: JANE ELIAS
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

Treasurer: JONATHAN FOSTER
Address: 31700 RESEARCH PARK DR MADISON HEIGHTS MI 48071

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

13.  _____
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. J P FOSTER, CFO
(Typed or printed name and capacity of person signing application)

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14 APR 21 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2605202

Entity Name: FIRST BIOMEDICAL, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

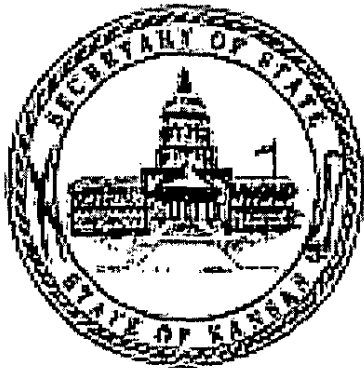
Resident Agent: THOMAS CREEL

Registered Office: 12712 HIGH DR, LEAWOOD, KS 66209

was filed in this office on April 30, 1998, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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14 APR 21 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 27, 2014

Handwritten signature of Kris W. Kobach in cursive script.

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 600576 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.