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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

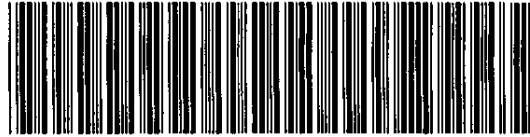
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 0 8 2016

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**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. Specialty Medical Equipment, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ine.," "Co." or "Corp.")

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

2. Michigan 3. 26-3611004
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/27/2008 5. Perpetual
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 52040 Van Dyke Ave., Shelby Township, MI, 48316
 (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

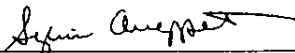
Name: Corporation Service Company
 Office Address: 1201 Hays Street
 Tallahassee, Florida 32301
 (City) (Zip code)

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9. 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.

Corporation Service Comapny


 (Registered agent's signature) Sylvia Queppet, Asst. Vice President

10. 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.

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

A. DIRECTORS

Chairman: Robin Soblick
Address: 52040 Van Dyke Ave., Shelby Township, MI 48316

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Robin Soblick
Address: 52040 Van Dyke Ave., Shelby Township, MI 48316

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

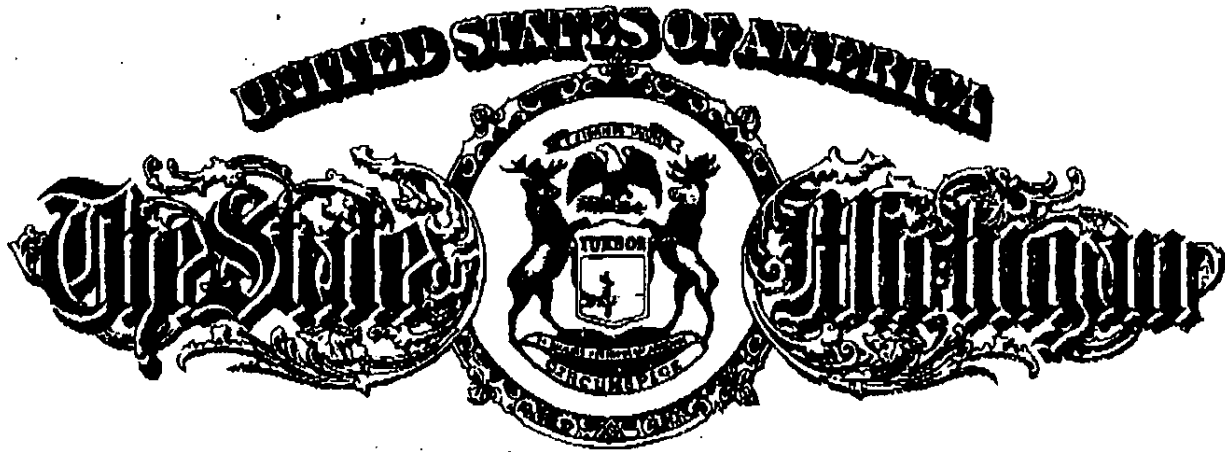
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Robin Soblick, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

SPECIALTY MEDICAL EQUIPMENT, INC.

was validly incorporated on October 27, 2008, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of March, 2016.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau