

F99000001367

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: The Theramed Group, Inc.
(Name of corporation - must include suffix)

FILED
99 MAR 11 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA
3/12

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:

Randall O. Reder
(Name of Person)
Randall O. Reder, P.A.
(Firm/Company)
1319 W. Fletcher Ave.
(Address)
Tampa, FL 33612
(City, State and Zip Code)

200002797432--6
-03/08/99-01089-005
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Randall Reder at (813) 960-1952
(Name of Person) Area Code & Daytime Telephone Number

Enclosed are copies - Please stamp & return.
Thank you.

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. The Theramed Group, 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. 58-2273784 (FEI number, if applicable)

4. 12/27/96 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Has not yet transacted business, waiting for approval
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 3801 E. Osborne Ave.
Tampa, FL 33610
(Current mailing address)

8. Supplying medical equipment
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Marcellas Lyles
Office Address: 3801 E. Osborne Ave.
Tampa, ~~FL 33610~~, Florida, 33610
(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.

Marcellas Lyles
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Marcellas Lyles

Address: 3801 E. Osborne Ave.
Tampa, FL 33610

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Marcellas Lyles
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARCELLAS LYLES TR
(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

DOCKET NUMBER : K90480583
CONTROL NUMBER : K700958
DATE INC/AUTH/FILED: 12/27/1996
JURISDICTION : GEORGIA
PRINT DATE : 02/17/1999
FORM NUMBER : 211

RANDALL O. REDER
1319 W. FLETCHER AVE.
TAMPA FL 33612-3310

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TALLAHASSEE FLORIDA

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

THE THERAMED GROUP, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



CATHY COX
SECRETARY OF STATE

