F95000004744

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Bayer Restorative Care, 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:

Susan Teeter
(Name of Person)

Bayer Restorative Care, Inc.
(Firm/Company)

4669 L.B. McLeod Rd. Suite C
(Address)

Orlando, Florida, 32811
(City/State/Zip)

100001597811
-09/29/95--01019--005
*****78.75 *****78.75

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

Rick Dodsworth at (614) 899-0004
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Section
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. Bayer Restorative Care, 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. OHIO
(State or country under the law of which it is incorporated)

3. 31-1391768
(FEI number, if applicable)

4. October, 1993
(Date of Incorporation)

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

6. Anticipating 11/1/95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 4669 L.B. McLeod Road Suite C
Orlando, Florida 32811
(Current mailing address)

8. Distribution of Respiratory Product; Provider of Respiratory
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) services

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Susan Teeter

Office Address: 4506 L.B. McLeod Rd.

Orlando, Florida, Florida, 32811
(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.

BAC

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard Bayer

Address: 5083 Westerville Rd
Columbus, OH 43231

Vice President: Thomas Jordan

Address: 5083 Westerville Rd
Columbus, OH 43231

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

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

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

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

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show ***BAYER RESTORATIVE CARE, INC.****, an Ohio corporation, Charter No. 856321, having its principal location in Columbus, County of Franklin, was incorporated on October 25th, 1993 and is currently in* ***GOOD STANDING*** *upon the records of this office.*

95 SEP 19 P 1:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

THE SEAL OF THE SECRETARY OF STATE OF OHIO

WITNESS my hand and official seal at Columbus, Ohio this 13th day of September, A.D. 1995

Bob Taft

Bob Taft
Secretary of State

F95000004744

Susan Teeter
(Requestor's Name)
4653C L. B. McLeod Rd.
(Address)
Orlando, FL 32811
(City, State, Zip) (Phone #)

600001615006
-10/19/95--01026--003
*****35.00 *****35.00

OFFICE USE ONLY

FILED
95 OCT 19 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

RA Chg.

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

VS OCT 23 1995

Examiner's Initials	

CR2E031(10/92)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Ohio *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

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95 OCT 19 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. The name of the corporation is: Bayer Restorative Care, Inc.

1b. The mailing address of the corporation is : 4653 C.T. B. McLeod Road
Orlando, FL 32811

1c. Date of incorporation: October, 1993 Document number: 31-1391768

2. The name and address of the current registered agent and office:

Susan Teeter
4506 L. B. McLeod Road
Orlando, FL 32811

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

Susan Teeter
4653C L. B. McLeod Road
Orlando, FL 32811

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Richard W Bayer — 10/16/95
(Signature of an officer, chairman or vice chairman of the board) (Date)

Richard W Bayer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

[signature] — 10-11-95
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

SUSAN TEETER — FL OPS TEAM LEADER
(Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94) FILING FEE: $35.00

F95000004749

Thomas Fox
Respiratory Care Resources
Everglades Regional Medical Cntr.
200 S. Barfield Highway
Pahokee, FL 33476

900002214059--5
-06/17/97--01010--007
*****35.00 *****35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 12 PM 3:12

RECEIVED
97 MAY 14 AM 8:35
DIVISION OF CORPORATIONS

PA change

JUN 13 1997.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 20, 1997

Thomas Fox
Respiratory Care Resources
200 S. Barfield Highway
Pahokee, FL 33476

SUBJECT: BAYER RESTORATIVE CARE, INC.
Ref. Number: F95000004744

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to change the registered agent is $35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 497A00027154

RECEIVED
97 JUN 12 AM 7:04
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of OHIO *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Buyer Restorative Care, Inc.

2. The mailing address of the corporation is: 7533 Easy Street
Mason, Ohio 45040

3. Date of incorporation/qualification: September 9, 1995 Document number: F95000004744 (7)

4. The name and address of the current registered agent and office:

Teeter, Susan
4653C L.B. McLeod Road
Orlando, Florida 32811

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 12 PM 3:12

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Fox, Thomas
Respiratory Care Resources
Everglades Regional Medical Center
200 S. Barfield Highway
Pahokee, Florida 33476

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) 5/5/97 (Date)

Thomas Jordan, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

(Signature of Registered Agent) 5-10-97 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: $35.00