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Division of Corporations
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RECEIVED
DEPARTMENT OF STATE
09 JAN 29 AM 7:58

FOREIGN PROFIT/NONPROFIT CORPORATION

National Rehab Equipment, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2009 JAN 29 A 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 30 2009

D.A. WHITE

**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. National Rehab Equipment, 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. PA 3. 23-2736822
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-15-1993 5. Perpetual
(Date of incorporation) (Duration; Year corp. will cease to exist or "perpetual")

6. 2-1-2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 540 Lindbergh Dr. Moon Township, PA 15108
(Principal office address)

PO Box 1135 Moon Township, PA 15108
(Current mailing address)

8. Sales of Medical Supplies
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: [Signature] CT Corporation System JAMES M. NEWSOME
(Registered agent's signature) Special Assistant Secretary

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: See Attached

Address: _____

Director: See Attached

Address: _____

Director: See Attached

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: See Attached

Address: _____

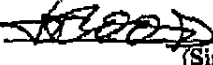
Secretary: See Attached

Address: _____

Treasurer: See Attached

Address: _____

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

13. 

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

14. John Blood, CFO

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

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TALLAHASSEE, FLORIDA

National Rehab Equipment, Inc

TITLE	OFFICERS	ADDRESS	CITY	STATE	ZIP
CEO	Paul Chapman	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
PRES	HEATHER EDMUNDS	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
CFO	JOHN BLOOD	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
SEC & TREAS	AMY BEVACQUA	55 EAST 52ND ST.	NEW YORK NY	NY	10055

DIRECTORS	ADDRESS	CITY	STATE	ZIP
DAMON BALL	55 EAST 52ND ST.	NEW YORK	NY	10055
JOHN COZZI	85 EAST 52ND ST.	NEW YORK	NY	10055
ZUBEN SHROFF	680 WASHINGTON BLVD. 11TH FLOOR	STAMFORD CT	CT	06901
PAUL CHAPMAN	1008 HANOVER ST	CHATTAHOOGA TN	TN	37403
TIMOTHY WIEBE	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
LARRY KUNDER	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
HEATHER EDMUNDS	540 LINDBERGH DR.	MOON TOWNSHIP PA	PA	15108
NICHOLAS COLUCCI	1675 Broadway	NEW YORK	NY	10019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 28, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NATIONAL REHAB EQUIPMENT, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortis

Secretary of the Commonwealth

Certification Number: 7858177-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>