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Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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*****70.00 *****70.00

CORPORATION(S) NAME

Puritan Medical Products, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

02/08/00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB -8 AM 11:27

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -8 PM 2:01

nk
2/8/00

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:

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1. Puritan Medical Products, 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. Delaware

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

3. 43-1873460

(FEI number, if applicable)

4. January 14, 2000

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 9101 Bond Street, Overland Park, Kansas 66214

(Current mailing address)

8. Distributor of medical products.

(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: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

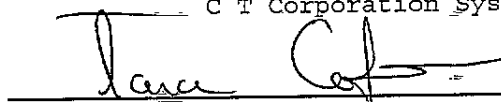
Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System



(Registered Agent's Signature) (Officer)

TARA QUIFER
Special Assistant Secretary

(Type Name and Title of Officer)

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: see attached list of directors

Address: _____

Vice Chairman: see attached list of directors

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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10 FEB -8 PM 2:01

Treasurer: _____

Address: _____

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

13.

Todd Craun

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

14. Todd R. Craun, Secretary

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

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Puritan Medical Products, Inc.

Directors and Officers

Directors:

Ted Schulte	3700 Crestwood Parkway, Ste. 200 Duluth, GA 30096
Jeffrey P. Cornwell	259 N. Radnor-Chester Rd. Ste. 100 Radnor, PA 19087

Officers:

Ted Schulte	<u>P</u> resident	3700 Crestwood Parkway, Ste. 200 Duluth, GA 30096
Sandra Fowler-Hurt	<u>S</u> enior Vice President	3700 Crestwood Parkway, Ste. 200 Duluth, GA 30096
Jeffrey P. Cornwell	<u>V</u> ice President	259 N Radnor-Chester Rd., Ste. 100 Radnor, PA 19087
Les Graff	<u>V</u> ice President	259 N Radnor-Chester Rd., Ste. 100 Radnor, PA 19087
Todd R. Craun	<u>S</u> ecretary	259 N Radnor-Chester Rd., Ste. 100 Radnor, PA 19087
Gordon L. Keen, Jr.	<u>A</u> ssistant Secretary	259 N Radnor-Chester Rd., Ste. 100 Radnor, PA 19087
Todd Curry	<u>C</u> ontroller	5930 6 th Ave. South Seattle, WA 98108

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURITAN MEDICAL PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED STATE
SECRETARY OF CORPORATIONS
00 FEB - 9 PM 2: 01




Edward J. Freel, Secretary of State

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AUTHENTICATION: 0209629

DATE: 01-20-00