

Document Number Only

F00000002239

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

100003219051--3

-04/21/00--01101--020

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

CORPORATION(S) NAME

American Medical Alarms, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

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☐ Walk In

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☐ Pick Up

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Name
Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

4/21

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THANKS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LAURA EARNEST

00 APR 21 PM 1:44

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4/21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 PM 1:44

**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. AMERICAN MEDICAL ALARMS, 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. ILLINOIS
(State or country under the law of which it is incorporated)

3. 36-4258022
(FEI number, if applicable)

4. 10-5-1998
(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. 15 WEST CRYSTAL LAKE AVE.
CRYSTAL LAKE, IL. 60014
(Current mailing address)

8. THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS CAN BE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) INCORPORATED IN THE STATE OF FLORIDA

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

C T Corporation System

[Signature]
(Registered agent's signature)

Francis P. Regan
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.

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: KIRBY J SCHALL JR

Address: 1105 NO. SHORE DRIVE
CRYSTAL LAKE, IL 60014

Vice Chairman: _____

Address: _____

Director: GRETA M. SCHALL

Address: 1105 NO. SHORE DRIVE
CRYSTAL LAKE, IL 60014

Director: _____

Address: _____

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

President: KIRBY J SCHALL JR

Address: 1105 NO. SHORE DRIVE
CRYSTAL LAKE, IL 60014

Vice President: _____

Address: _____

Secretary: GRETA M. SCHALL

Address: 1105 NO. SHORE DRIVE
CRYSTAL LAKE, IL 60014

Treasurer: GRETA M. SCHALL

Address: 1105 NO. SHORE DRIVE
CRYSTAL LAKE, IL 60014

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. KIRBY J. SCHALL JR PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number 6015-771-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AMERICAN MEDICAL ALARMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 5, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH *day of* APRIL *A.D.* 2000

Jesse White

SECRETARY OF STATE