

F00000005117
TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: ORTHASSIST, 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.

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-09/05/00--01066--017
*****70.00 *****70.00

Please return all correspondence concerning this matter to the following:

BETTY ANN TURNEY
(Name of Person)

ORTHASSIST, INC.
(Firm/Company)

4409 PLUMOSA ST.
(Address)

SPRING HILL, FL 34607
(City/State/Zip)

Temporary
Address till 9/30
we're
relocating in
Florida

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

BETTY ANN TURNEY at (352) 592-6351
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
00 SEP -5 AM 9:30
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. ORTHA SSIST, 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. NEW YORK

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

3. 13 3922411

(FEI number, if applicable)

4. NOVEMBER 29, 1996

(Date of incorporation)

5. "PERPETUAL"

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

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 4409 PLUMOSA ST., SPRING HILL, FL 34607
(Principal office address)

b. 4409 PLUMOSA ST., SPRING HILL, FL 34607
(Current mailing address)

8. Supplier, Durable Medical Equipment-Orthotics only
(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 or Mail Drop Box NOT acceptable)

Name: Betty Ann Turney

Office Address: 4409 PLUMOSA ST

SPRING HILL

, Florida

34607

(Zip code)

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TALLAHASSEE, FLORIDA

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.

Betty Ann Turney
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Betty Ann Turney

Address: 4409 Plumosa St

Spring Hill, FL 34607

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. Betty Ann Turney

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

14. BETTY ANN TURNEY, PRESIDENT

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

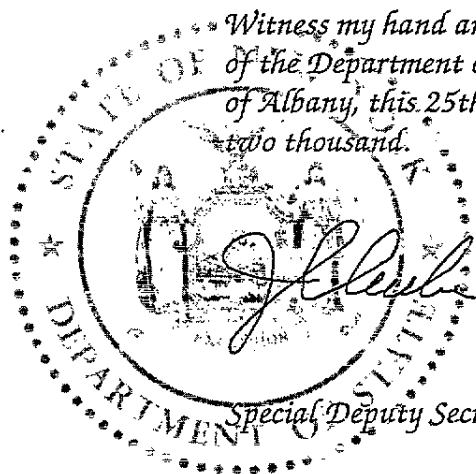
State of New York | **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of ORTHASSIST, INC. was filed on 11/29/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 11/06/1998.

I further certify, that no other documents have been filed by such Corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 25th day of August
two thousand.



[Signature]
Special Deputy Secretary of State

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