4.

F01000000799

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Health Care Concepts, Inc.
(Name of corporation - must include suffix)

500003673225--8
-02/09/01--01107--018
*****70.00 *****70.00

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:

John Prince
(Name of Person)

Superior Health Care Concepts, Inc
(Firm/Company)

106 S Country Fair Dr Suite C
(Address)

Champaign IL 61821
(City/State and Zip code)

FILED
00 FEB -9 PM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Melissa Sprouls at (217) 355-2680
(Name of Person) (Area Code & Daytime Telephone Number)

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

4mth
2/12

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. Superior Health Care Concepts, 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. 37-1386148
(FEI number, if applicable)

4. March 4, 1998
(Date of incorporation)

5. 2022
(Duration: Year corp. will cease to exist or "perpetual")

6. 2-2-01
(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. 106 S Country Fair Dr., Champaign, IL 61821
(Principal office address)

Same
(Current mailing address)

8. Distribute and service therapeutic support surfaces
(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: Fran Basista

Office Address: 2711 44th St. N

St. Petersburg, Florida FL 33713
(City) (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.

Frances M. Basista
(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: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John Prince

Address: 106 S Country Fair Dr
Champaign IL 61821

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

File Number 5981-515-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

SUPERIOR HEALTHCARE CONCEPTS, INC. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 4, 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**********

FILED
JAN 9 42
SECRETARY OF STATE
SPRINGFIELD, ILLINOIS

In Testimony Whereof, *I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* JANUARY *A.D.* 2001.

Jesse White

SECRETARY OF STATE

C-260.1