

FOI 000000 2261

APRIL 16, 2001

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIABETIC CARE NETWORK, 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.

Please return all correspondence concerning this matter to the following:

JOSEPH P. CIARAMITARO, JR.
(Name of Person)
YORK, DOLAN AND CIARAMITARO, P.C.
(Firm/Company)
42850 Garfield, Suite 101
(Address)
Clinton Township, MI 48038
(City/State and Zip code)

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-04/24/01--01085--004
*****70.00 *****70.00

For further information concerning this matter, please call:

Joseph P. Ciaramitaro, Jr. at (810) 263-5050
(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

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

FILED
01 APR 24 PM 9 05
TALLAHASSEE, FL
SECRET

mt
4/30

**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. DIABETIC CARE NETWORK, 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. MICHIGAN 3. 38-2975898
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 21, 1991 5. PERPETUAL
(Date of incorporation) (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. 1287 NEWPORT CTR. DR. SUITE 203
(Principal office address)

SAME
(Current mailing address)

8. Sales of medical Durable Supplies and Equipment
(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: HOWARD RICH

Office Address: 1287 Newport Ctr. Dr, Suite 203

Deerfield Beach, Florida 33442
(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.

Howard Rich RESIDENT AGENT
George R Geiszperger CHAIRMAN
(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.

FILED
01 APR 24 PM 9:05
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: George Czeiszperger

Address: 125 Belleview
Mt. Clemens, MI 48043

Vice Chairman: _____

Address: _____

Director: Howard Rich

Address: 1287 Newport Ctr. Dr., Suite 203
Deerfield Beach, FL 33442

Director: Sheldon Laxer

Address: 1287 Newport Ctr. Dr., Suite 203
Deerfield Beach, FL 33442

B. OFFICERS

President: Howard Rich

Address: 1287 Newport Ctr. Dr., Suite 203
Deerfield Beach, FL 33442

Vice President: _____

Address: _____

Secretary: George Czeiszperger

Address: 125 Belleview, Mt. Clemens, MI 48043

Treasurer: Sheldon Laxer

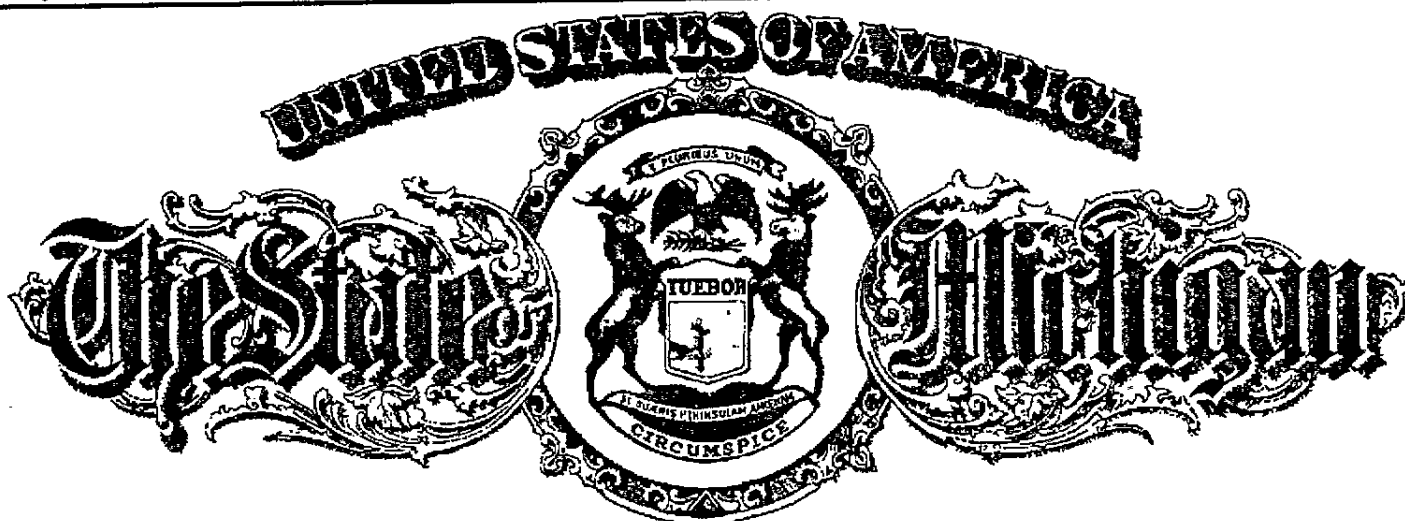
Address: 1287 Newport Ctr. Dr., Suite 203, Deerfield Beach FL 33442

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

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

14. George Czeiszperger
(Typed or printed name and capacity of person signing application)

FILED
01 APR 24 PM 9:06
TALLAHASSEE, FL



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

DIABETIC CARE NETWORK, INC.

was incorporated on March 21, 1991, as a Michigan profit corporation,
and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing
in this office as of this date and is duly authorized to transact business or conduct
affairs in Michigan and for no other purpose. It is in the usual form, made by me
as the proper officer, and is entitled to have full faith and credit given it in every
court and office within the United States.

FILED
24 PM 9 06
JAN 19 2001
CLERK OF THE COURT

In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 19th day
of January, 2001.

, Director

Bureau of Commercial Services