

F01000004971

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automed, 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:

000004562290--9
-08/29/01--01075--004
*****87.50 *****87.50

James Ranoni
(Name of Person)

Automed, Inc.
(Firm/Company)

51468 ORO DRIVE
(Address)

Shelby Twp, MI 48315
(City/State and Zip code)

For further information concerning this matter, please call:

Donna Ranoni at (810) 566-8939
(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

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TALLAHASSEE, FLORIDA

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

mtu
9/21



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 30, 2001

JAMES RANONI
51468 ORO DRIVE
SHELBY TWP, MI 48315

SUBJECT: AUTOMED, INC.
Ref. Number: W01000020215

We have received your document for AUTOMED, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 301A00049323

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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned James Ranoni, do hereby certify
(Name)

that this Resolution of the Board of Directors of Automed, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Michigan,

was duly adopted on March 16, 1999.

Be it resolved, that Automed, Inc.
(Corporate Name)

organized and existing in the State of Michigan, hereby adopts the

RST Automation, Inc. for use in Florida.

Dated: 9-11-01

James Ranoni
Signature of either Chairman, Vice Chairman or any officer

James Ranoni
Type or print name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. Automed, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-16-99 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. 51468 ORO DRIVE Shelby Twp MI 48315
(Principal office address)
51468 ORO DRIVE Shelby Twp, MI 48315
(Current mailing address)

8. Sale of Pharmacy Automation Machine
(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: CT Corporation System
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

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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.

Jennifer L. Bollbach, Asst-Secretary
(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

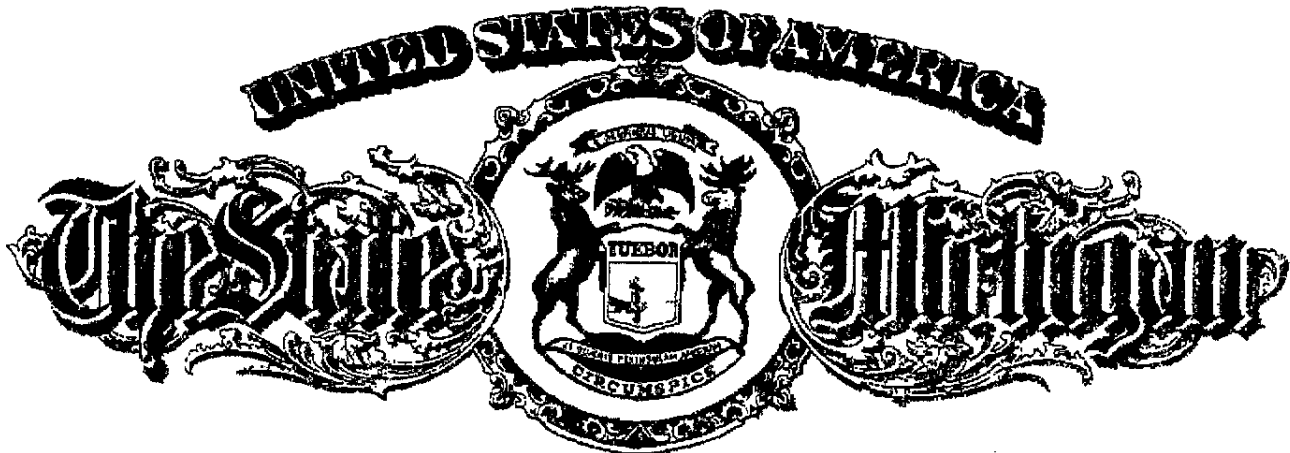
President: James Ranoni
 Address: 46518 Glen Eagle Drive
Shelby Twp, MI 48315
 Vice President: William Travnik JR.
 Address: 38744 Hartwell
Sterling Heights, MI 48315
 Secretary: Brian Snider
 Address: 39632 Kingsbury Drive Sterling Hghts MI 48312
 Treasurer: _____
 Address: _____

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

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

14. James Ranoni President
 (Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

AUTOMED, INC.

was validly incorporated on March 16, 1999, as a Michigan profit corporation, and said corporation is validly 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 Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose

This certificate is in due 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.

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TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission
602585

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of August, 2001

Andrew J. [Signature], Director

Bureau of Commercial Services