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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HOME MEDICAL SPECIALTY EQUIPMENT, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

000004651430--3
-10/24/01--01036--003
*****78.75 *****78.75

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:

Kevan D. Acord
(Name of Person)

Kevan D. Acord, P.A.
(Firm/Company)

15700 College Boulevard, Suite 100
(Address)

Lenexa, KS 66219
(City/State/Zip)

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

Kevan D. Acord at 913-492-6008
(Name of Person) (Area Code & Daytime Telephone Number)

01 OCT 24 AM 9:50

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DIVISION OF CORPORATIONS

10/26

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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. HOME MEDICAL SPECIALTY EQUIPMENT, 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. Missouri
(State or country under the law of which it is incorporated)

3. 43-1666763
(FEI number, if applicable)

4. December 17, 1993
(Date of incorporation)

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

6. October 1, 2001
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 340 SOUTH 291 HIGHWAY

LIBERTY, MO 64068
(Current mailing address)

8. Sales of prescribed medical supplies
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Monte G. McDowell

Office Address: 4221 Magnolia

Orange Park, Florida, 32065
(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.


(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 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: Monte G. McDowellAddress: 4221 MagnoliaOrange Park, FL 32065

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)President: Monte G. McDowellAddress: 4221 MagnoliaOrange Park, FL 32065

Vice President: _____

Address: _____

Secretary: Melanie McKellarAddress: 9810 Russell CircleLiberty, MO 64068Treasurer: Monte G. McDowellAddress: 4221 MagnoliaOrange Park, FL 32065**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. _____

President

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

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No. 00389380

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,
do hereby certify that the records in my office and in my
care and custody reveal that
HOME MEDICAL SPECIALTY EQUIPMENT, INC.

was incorporated under the laws of this State on the 17th
day of DECEMBER, 1993, and is in good standing, having fully
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
23rd day of OCTOBER, 2001.

Matt Blunt

Secretary of State



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DIVISION OF CORPORATIONS