

FO2000000320

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL EQUIPMENT DISTRIBUTORS OF TN, 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:

SCOTT HAMES 300004781053-3
(Name of Person) 01/17/02 01017-004
*****70.00 *****70.00

MEDICAL MART
(Firm/Company)

558 N SEMORAN BLVD SUITE 439
(Address)

WINTER PARK, FL 32729
(City/State and Zip code)

For further information concerning this matter, please call:

SCOTT HAMES at (407) 247-4984
(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

02 JAN 17 PM 8:04
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TALLAHASSEE, FLORIDA

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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

with
1/22

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. MEDICAL EQUIPMENT DISTRIBUTORS OF TN, 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.)
1614 E. LAMAR
ALEXANDER PKWY.
MARYVILLE, TN 37804

2. TENNESSEE 3. 582100589
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/13/98 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. 558 N SEMORAN BLVD SUITE 439
(Principal office address)

WINTER PARK, FL 32729
(Current mailing address)

8. SALE AND RENTAL OF HOME MEDICAL 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: SCOTT HAMES

Office Address: 558 N SEMORAN BLVD SUITE 439

WINTER PARK, Florida 32729
(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.

Scott Hames
(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: SCOTT HAMES

Address: 558 N SEMORAN BLVD SUITE 439
WINTER PARK, FL 32729

Vice President: JASON HAMES

Address: 1614 E LAMAR ALEXANDER PKWY
MARYVILLE, TN 37804

Secretary: JOHN HAMES

Address: 1614 E LAMAR ALEXANDER PKWY

Treasurer: MARYVILLE, TN 37804

Address: _____

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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. SCOTT HAMES / PRESIDENT

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

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 01/08/2002
REQUEST NUMBER: 4387-0877
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 05/13/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0350774
JURISDICTION: TENNESSEE

TO:
SCOTT HAMES, PRESIDENT
5077 PARK CENTRAL DR
APT. 1513
ORLANDO, FL 32839

REQUESTED BY:
SCOTT HAMES, PRESIDENT
5077 PARK CENTRAL DR
APT. 1513
ORLANDO, FL 32839

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"MEDICAL EQUIPMENT DISTRIBUTORS OF TENNESSEE INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/08/02

FROM:
CHRISTINE M GURZ
11310 CHERSEY LN

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

JACKSONVILLE, FL 32223-8774

RECEIPT NUMBER: 00002979619
ACCOUNT NUMBER: 00382869



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE