

Division of Corporations

**F0200003487**

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

02 JUL -8 PM 4:55

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**FOREIGN PROFIT QUALIFICATION****ADVANCED MEDICAL HOME CARE SUPPLY, INC.**

|                       |         |
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W02-18723

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# 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.

FILED  
2002 JUL -8 AM 8:43  
TALLAHASSEE, FLORIDA

1. ADVANCED MEDICAL HOME CARE SUPPLY, 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 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-27-98 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. 4918 N. SHERIDAN RD. PEORIA, IL 61614  
(Principal office address)  
4918 N. SHERIDAN RD. PEORIA, IL 61614  
(Current mailing address)
8. ANY LAWFUL PURPOSE  
(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: A1A CORPORATE SERVICES INC. H02 000002330  
Office Address: 218 SOUTHERN COUNTRY LANE  
QUINCY, Florida 32351  
(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.

Paul Smith Paul Smith, Vice President  
(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.

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ADVANCED MEDICAL SUP

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CORPORATESERVICES

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

A. DIRECTORS

Chairman: KEN HUMPHREY

Address: 4018 N. SHERIDAN RD. PEORIA, IL 61614

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: KEN HUMPHREY

Address: 4018 N. SHERIDAN RD. PEORIA, IL 61614

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

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

14. KEN HUMPHREY, CHAIRMAN

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

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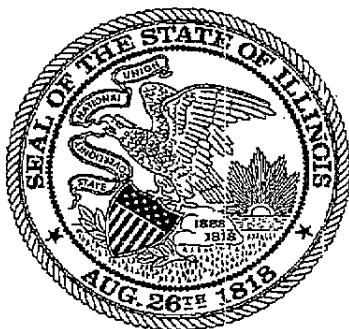
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File Number 5982-330-2

*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do*

*hereby certify that* ADVANCED MEDICAL HOMECARE SUPPLY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE FEBRUARY 27, 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\*\*\*\*\*



*In Testimony Whereof, I, hereto set*  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this* 18TH  
*day of* JUNE *A.D.* 2002.

*Jesse White*

SECRETARY OF STATE