

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FD200000 4728

SUBJECT: REHAB MED EQUIP, 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:

PATRICK D. SPANGLER

(Name of Person)

C/O EMPI

(Firm/Company)

100007472031--8  
-09/03/02--01045--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

599 CARDIGAN ROAD

(Address)

ST. PAUL, MN 55126

(City/State and Zip code)

For further information concerning this matter, please call:

PATRICK D. SPANGLER

(Name of Person)

at

651-415-9000

(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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02 SEP 16 AM 11:35  
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

855,643,671

102-25593  
9/17/02



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 4, 2002

PATRICK D. SPANGLER  
599 CARDIGAN ROAD  
ST PAUL, MN 55126

SUBJECT: REHAB MED EQUIP, INC.  
Ref. Number: W02000025593

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TALLAHASSEE, FLORIDA

We have received your document for REHAB MED EQUIP, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Marsha Thomas  
Document Specialist

Letter Number: 902A00051002

**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. REHAB MED EQUIP, 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. MINNESOTA 3. 36-4502973  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/25/2002 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8/1/2002  
(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. 5201 OOLTEWAH RINGGOLD ROAD, OOLTEWAH, TN 37363  
(Principal office address)
- C/O EMPI, INC., 599 CARDIGAN ROAD, ST. PAUL, MN 55126  
(Current mailing address)
8. MEDICAL PRODUCT DISTRIBUTION  
(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: NRAI SERVICES, INC.
- Office Address: 526 E. PARK AVE.
- TALLAHASSEE, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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)

Sue Brodtmann, Asst. Secretary

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: PATRICK D. SPANGLER

Address: 599 CARDIGAN ROAD

ST. PAUL, MN 55126

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: H. PHILIP VIERLING

Address: 599 CARDIGAN ROAD

ST. PAUL, MN 55126

Vice President: PATRICK D. SPANGLER

Address: 599 CARDIGAN ROAD

ST. PAUL, MN 55126

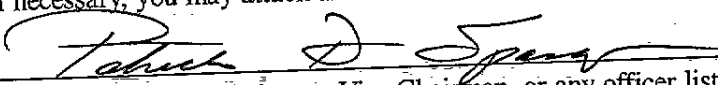
Secretary: JOAN E. STRAND

Address: 599 CARDIGAN ROAD, ST. PAUL, MN 55126

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. PATRICK D. SPANGLER, CHAIRMAN/EVP/CFO  
(Typed or printed name and capacity of person signing application)

# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

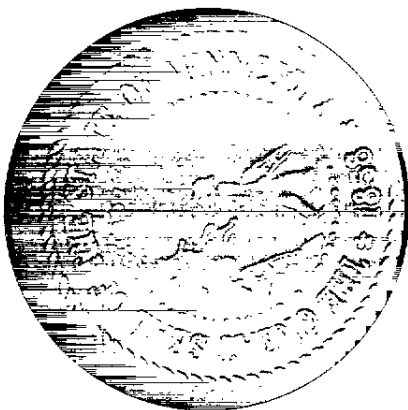
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Rehab Med Equip, Inc.

Date Formed: 07/25/2002

Chapter Governed By: 302A

This certificate has been issued on 09/11/02.



*Mary Kiffmeyer*  
Secretary of State.