

09/04/2002 11:26 ROBERT H. STANSFIELD → 19123540976 NO.870 003

F02000005006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure Care Medical Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization
"Certificate of Existence", and check are submitted to register the
to transact business in Florida.

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-10/02/02--01025--001
*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

Charles Wendell Baines
(Name of Person)
Secure Care Medical Inc.
(Firm/Company)
110 B Mall Court
(Address)
Savannah GA 31406
(City/State and Zip code)

02 OCT -2 AM 10:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

C.W. BAINES at (800) 500-0802
(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

Name	Availability	Document	Update	Update Verifier	Acknowledgment	Work Product
				DCC	DCC	DCC

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

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NO. 870

P04

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. Secure Care Medical Incorporated

(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. Georgia 3. 582200803 (tax ID Number)

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10.17.95 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. 485 North Oates Street Dothan AL 36303

(Principal office address)

103 Mall Court Savannah GA 31406

(Current mailing address)

8. Retail Business selling D.M.E and supplies
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

(durable medical equipment)

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

Name: Frank Saks

Office Address: 987 E. Okeechobee Road

Hialeah, Florida 33010
(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.



(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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NO. 870

D05

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

A. DIRECTORS

Chairman: Charles Wendell Baines

Address: 10 B Mail Court
Savannah GA 31406

Vice Chairman: same

Address: _____

Director: same

Address: _____

Director: same

Address: _____

B. OFFICERS

President: Charles Wendell Baines

Address: 10 B Mail Court
Savannah GA 31406

Vice President: same

Address: _____

Secretary: same

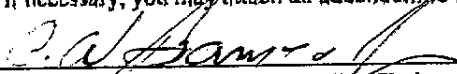
Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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. Charles Wendell Baines / owner
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K531136
DATE INC/AUTH/FILED: 10/17/1995
JURISDICTION : GEORGIA
PRINT DATE : 09/28/2002
FORM NUMBER : 211

ATTORNEY AT LAW
ROBERT H. STANSFIELD
1149 MONTICELL ST.
COVINGTON, GA 30014

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SECURE CARE MEDICAL, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document, has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020928204708500



Cathy Cox
Secretary of State

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02 OCT -2 AM 10:55
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TALLAHASSEE, FLORIDA