F03000001012

(Re	questor's	Name)	
(Ad	dress)	,	
(Ad	dress)		
(Au	u(638)		
(Cit	y/State/Z	ip/Phone #)	
PICK-UP	□ v	/AIT	MAIL
(Bu	siness E	ntity Name)	<u></u> -
(Do	cument l	Number)	
,		,	
rtified Copies	_ Ce	rtificates of	Status
pecial Instructions to	Filing Off	icer:	
lame Valability			
Porument	 		
Ix inner	DCC		
Jodater	DCC Office	Use Only	
lorater verilyer	DCC	And the second s	
no indgement	CGD		
tyer	DCC		



800012690288

02/28/03--01052--009 **70.00

SHOWER BY THE 19

FILED

13 FEB 28 PH 2: 0
SECRETARY OF STATE

CT CORPORATION

February 28, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5796106 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Med 4 Home Inc. (DE)

Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland Fulfillment Specialist Melanie_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", words or abbreviations of like import in language as will clearly indicate that it is a c natural person or partnership if not so contained in the name at present.) 2. Delaware (State or country under the law of which it is incorporated) 3. 59-3750653 (FEI 4. June 29, 1998 5. Perpetual	
2. Delaware 3. 59-3750653 (State or country under the law of which it is incorporated) (FEI	number, if applicable)
(State or country under the law of which it is incorporated) (FEI	number, if applicable)
	number, if applicable)
4 June 29 1998 5 Pernetual	
-1, vanta -1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	p. 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 817.1	55, F.S.)
7. 19387 US 19 North, Clearwater, FL 33764	- AE 03
(Principal office address)	CRE
Same	· · · · · · · · · · · · · · · · · · ·
(Current mailing address)	<u> </u>
	F, P, R
8. Any lawful purpose	1001 1018 118 118
(Purpose(s) of corporation authorized in home state or country to be carried ou	t in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail	<u> </u>
3. Italic and seifer address of Piorida registered agent. (1.0. Dox of Mair	Stop Box <u>1401</u> acceptable)
Name: C T Corporation System	
Office Address: 1200 South Pine Island Road,	. ·
Plantation, , Florida 3332	4
(City) (Z	ip 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.

C T Corporation System

By: BOLLOW BABARA A. BURKE:

(Registered agent's signature)

RESISTANT 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:	
Address:	
Vice Chairman:	
	· · · · · · · · · · · · · · · · · · ·
Address: See below	
Director: Paul G. Gabos	<u> </u>
	ECR FLA
	11 AR 2
B. OFFICERS	% m
	FLOR
	Diff. O
	<u> </u>
Vice President:	
Address:	
Secretary: Paul G. Gabos	The second secon
Address: 10307 Welbeck Court, Tampa, FL 33626	
Treasurer: Paul G. Gabos	
Address: See above	
(4), o M [1]	m to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Ch	airman, or any officer listed in number 12 of the application)
14. Paul G. Gabos, Secretary/Treasurer	
(Typed or printed name a	and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MED 4 HOME INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE, TAXES HAVE BEEN PAID TO DATE.



AUTHENTICATION: 2276108

030123926

2914440

8300

DATE: 02-26-03