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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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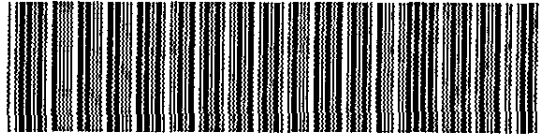
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURTS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 5 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTIMATE MEDICAL INCORPORATED
(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:

PATTY ROHNE
(Name of Person)
ALTIMATE MEDICAL INCORPORATED
(Firm/Company)
P.O. BOX 180
(Address)
MORTON, MINNESOTA 56270-0180
(City/State and Zip code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATTY ROHNE at (507) 697-6393
(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

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

**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. ALTIMATE MEDICAL 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. 41-1595309
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/08/1987 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/02/2003
(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. P.O. BOX 180 MORTON, MINNESOTA 56270-0180
(Principal office address)

SAME AS PRINCIPAL

(Current mailing address)

8. SALE OF 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)

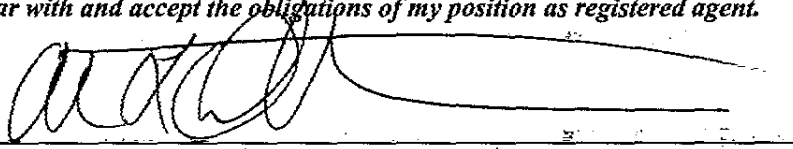
Name: ALAN THOLKES

Office Address: 600 MARKET STREET #210

CELEBRATION, Florida 34747
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: SEE ATTACHED

Address: _____

Secretary: SEE ATTACHED

Address: _____

Treasurer: SEE ATTACHED

Address: _____

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

13. L. K. Iverson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. L. K. IVERSON, CFO
(Typed or printed name and capacity of person signing application)

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BIRMINGHAM CORPORATION'S
TALLAHASSEE, FLORIDA

Altimate Medical, Inc.

- 1) Alan L. Tholkes
600 Market Street # 210
Celebration, FL 34747
(321) 939-1571
President, CEO, Shareholder, Director
- 2) Woodrow Kramer
Box 5
Vesta, MN 56292
(507) 762-3423
Shareholder
- 3) Todd Tholkes
114 Burr Oak Road
Redwood Falls, MN 56283
(507) 644-3234
Vice President, COO, Shareholder, Director
- 4) Leroy K. Iverson
405 Veda Drive
Redwood Falls, MN 56283
(507) 637-3800
Sec/Treas/ CFO, Director
- 5) Kevin Markgraf
RR 1, Box 96
Granite Falls, MN 56241
Shareholder
- 6) Dorothy Sarrazin
11191 North Shore Drive
Spicer, MN 56288
Shareholder
- 7) Mark Schmitt
2930 Blaisdell Avenue South
Unit 202
Minneapolis, MN 55408
Shareholder
- 8) Tom Vollmer
1355 Mendota Heights Road, Suite 160
Mendota Heights, MN 55120
Director
- 9) Jim Tholkes
1314 North 14th Street
Estherville, IA 51334
Director

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JIMMIE OF CORPORATIONS
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

FILE
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Certificate of Good Standing

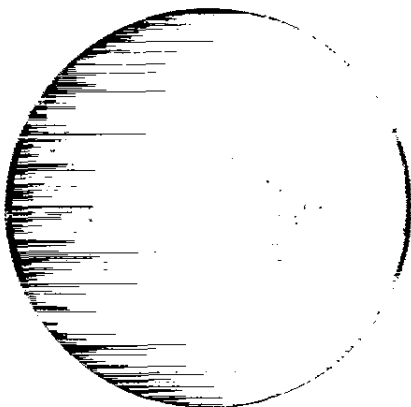
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: ALTIMATE MEDICAL, INC.

Date Formed: 07/08/1987

Chapter Governed By: 302A

This certificate has been issued on 05/07/03.



Mary Kiffmeyer
Secretary of State.