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Division of Corporations

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Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Lifesigns Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$3,520.00

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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.

1. Lifesigns Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan

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

3. 52-2351969

(FEI number, if applicable)

4. 11/13/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/13/2001

(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. 2725 Fairfield Road, Kalamazoo, MI 49002

(Principal office address)

same

(Current mailing address)

8. Perform medical services.

(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: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By: Claudia L. Saari

(Registered agent's signature)

Claudia L. Saari
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:

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: John W. BrownAddress: 2725 Fairfield RoadKalamazoo, MI 49002Director: Dean H. BergyAddress: 2725 Fairfield RoadKalamazoo, MI 49002**B. OFFICERS SEE ATTACHMENT**President: Jason T. BlackwoodAddress: 3250 Players Club ParkwayMemphis, TN 38125Vice President: Dean H. BergyAddress: 2725 Fairfield RoadKalamazoo, MI 49002Secretary: Dean H. BergyAddress: 2725 Fairfield Road Kalamazoo, MI 49002Treasurer: Christopher F. HomrichAddress: 2725 Fairfield Road Kalamazoo, MI 49002

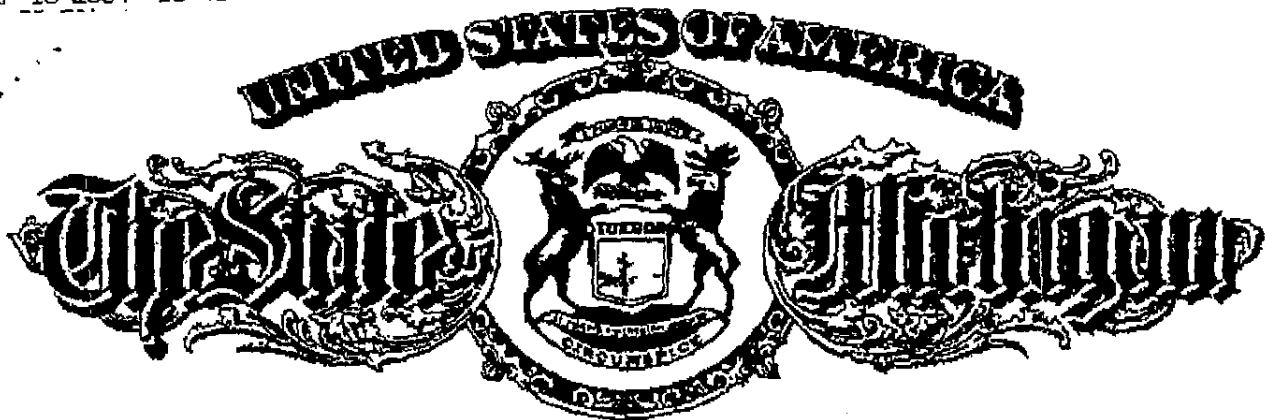
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Dean H. Bergy
(Signature of Director or Officer listed in number 12 of the application)14. Dean Bergy, Vice President
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|---------------------------|
| 1. | Full Name: | John W. Brown |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Chairman |
| | Director's Title: | Other Director |
| | Business Address: | 2725 Fairfield Road |
| | City: | Kalamazoo |
| | State: | MI |
| | ZIP Code: | 49002 |
| 2. | Full Name: | Dean H. Bergy |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | VP/Secretary |
| | Director's Title: | Other Director |
| | Business Address: | 2725 Fairfield Road |
| | City: | Kalamazoo |
| | State: | MI |
| | ZIP Code: | 49002 |
| 3. | Full Name: | Christopher F. Homrich |
| | Officer/Director: | Officer |
| | Officer's Title: | Treasurer |
| | Business Address: | 2725 Fairfield Road |
| | City: | Kalamazoo |
| | State: | MI |
| | ZIP Code: | 49002 |
| 4. | Full Name: | Jason T. Blackwood |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Director's Title: | Other Director |
| | Business Address: | 3250 Players Club Parkway |
| | City: | Memphis |
| | State: | TN |
| | ZIP Code: | 38125 |



Lansing, Michigan

This is to Certify That

LIFESIGNS MANAGEMENT, INC.

was validly incorporated on November 13, 2001, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
809115

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of September, 2004.

Andrew S. Mott, Director

Bureau of Commercial Services