F05000002383

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Links) Humby
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
416 FPC
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Atlas Medical Equipment. (Name of corpor	Inc. ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
Joseph A. Troi	lo, Jr., Corporate Counsel
(Name	e of Person)
Atlas Medical	Equipment, Inc.
(Firm	(Company)
4 Hook Road	··· ,
(A	ddress)
Sharon Hill, F	A 19079
(City/Sta	ate and Zip code)
For further information concerning this matter, please Joseph A. Troilo, Jr. at (610) (Name of Person) (Are	
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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.

•		e corporate name ad	lopted for the purpose of transacting busi	ness in Flor	rida)	
(State or count	y under the law of which it is in	ncorporated)	35–2245466 (FEI number, if applicable)		
. 11/15/	/na	5	perpelual			
	tte of incorporation)	<u> </u>	perpetual Duration: Year corp. will cease to exist	or "perpetu	al")	
			Florida, if prior to registration) 2, F.S., to determine penalty liability)	· • • • • • • • • • • • • • • • • • • •		
·			aron Hill, PA19079			
	•	incipal office addres		-		
		ad, Sharon Hi				
	(Cu	rrent mailing addres	s)		•	-
	health ca	re products a	nd services		05/	
(Purpose			try to be carried out in state of Florida)			\$1 ~ · ·
Name and str	eet address of Florida registe	ered agent: (P.O. I	Box NOT acceptable)	61	15 P	1
Name:	Charles B. Mead, Jr	r. Esquire		- 	(A)	- 1
ffice Address:	370 W. Camino Garde	ens Blvd., Pl	aza 7- Suite 300		ુ: \ 5	
	Boca Raton		, Florida 33432 . (Zip code)			
	(City)	,	(Zip code)			
aving been nar esignated in thi orther agree to	is application, I hereby acce	pt the appointmen of all statutes rela	of process for the above stated corpo it as registered agent and agree to ac tive to the proper and complete perfo on as registered agent.	t in this co	apacity	. I

- 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:	Raymond A. Mirra, Jr.
Address:	4 Hook Road
	Sharon Hill, PA 19079
Vice Chairman: _	
Address:	
Director:	
Address:	4 Hook Road
	Sharon Hill, PA 19079
Director:	Jöseph J. Tropiano
Address:	4 Hook Road
	Sharon HI11, PA 19079
B. OFFICERS	
President:	Raymond A. Mirra, Jr.
Address:	4 Hook Road
	Sharon HI11, PA 19079
Vice President:	Joseph J. Tropiano
Address:	4 Hook Road
	Sharon Hill, PA 19079
Secretary:	Joseph A. Troilo, Jr.
Address:	4 Hook Road , Sharon Hill, PA 19079
Freasurer:	Raymond A. Mirra, Jr.
Address:	4 Hook Road, Sharon HIII, PA 19079
NOTE: If neces	sary, you may attach an addendum to the application listing additional officers and/or directors.
3	(Signature of Director or Officer listed in number 12 of the application)
4	
.4	Raymond A. Mirra, Jr., President (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLAS MEDICAL EQUIPMENT, 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 TWELFTH DAY OF APRIL, A.D. 2005.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 3805820

DATE: 04-12-05

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