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Division of Corporations
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Florida Department of State
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DIVISION OF CORPORATIONS

FOREIGN PROFIT QUALIFICATION

Medical Multiplex, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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7P



Medical Multiplex Inc.

Wound Care & Hyperbarics

April 27, 2005

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

Re: Name Registration for Medical Multiplex, Inc.
Doc. Num. E05000000029

Dear Department of State,

On March 18, 2005, I filed a "Registration for a Foreign Corporate Name" for Medical Multiplex, Inc. At this time, the company wishes to qualify in Florida rather than merely having a registered name.

I have authorized CT Corporation System to file an "Application By Foreign Corporation For Authorization To Transact Business" in Florida and therefore would like to cancel my existing name registration for Medical Multiplex, Inc. to prevent any name conflict associated with the qualification.

Sincerely,

Peter W. Ronald
Medical Multiplex, Inc.
Chief Financial Officer

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TALLAHASSEE FLORIDA

APR-27-2005 09:44

CT CORP.

513 621 0116 P.02/05

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. Medical Multiplex, Inc.

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

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

2. Kentucky

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

3. 61-1262942

(FEI number, if applicable)

4. March 24, 1994

(Date of incorporation)

5. perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4165 Westport Road, Suite 204, Louisville, KY 40207

(Principal office address)

(Current mailing address)

8. To operate an out patient wound care center as a department of Bayfront Medical Center in St. Petersburg

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

CT Corporation System

By: Carol Record

(Registered agent's signature)

Carol Record

11. Attached is a certificate of authentication, 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:

FL-019 - 01/1/04 CT System Outline

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Michael J. MuellerAddress: 4165 Westport Road, Suite 204, Louisville, KY 40207Vice President: Peter W. Ronald, Chief Financial OfficerAddress: 4165 Westport Road, Suite 204, Louisville, KY 40207

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Peter W. Ronald, CEO
(Signature of Director or Officer listed in number 12 of the application)14. Peter W. Ronald, Chief Financial Officer
(Typed or printed name and capacity of person signing application)FILED
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TALLAHASSEE, FLORIDA



Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MEDICAL MULTIFLEX, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is March 24, 1994 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of April, 2005.



Trey
Trey Grayson
Secretary of State
Commonwealth of Kentucky
Tmgray/0328326 - Certificate ID: 13631

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SECRETARY OF STATE