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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

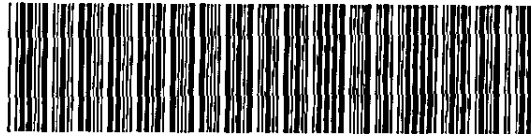
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M. HODGES

06/30/05--01010--007 \*\*78.75

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prime Care Durable Medical Eq. + Supplies Inc.  
(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:

Steve Drazen  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

156 Horston Court  
(Address)

Heathrow, FL 32746  
(City/State and Zip code)

For further information concerning this matter, please call:

Steve Drazen at (407), 688-2860  
(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. Prime Care Durable Medical Equipment and Supplies, 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. Louisiana (State or country under the law of which it is incorporated) 3. 72-1449798 (FEI number, if applicable)

4. July 19, 1999 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Not done business yet (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 Gordon Street Sanford, FL 32771 (Principal office address)

333 Gordon Street Sanford, FL 32771 (Current mailing address)

8. Market Home 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 NOT acceptable)

Name: Steve Drazen

Office Address: 156 Harston Court

Heathrow, Florida 32746 (City) (Zip code)

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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.

[Handwritten signature] (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.

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

**A. DIRECTORS**

Chairman: Dale Wallace  
Address: 2315 ISLAND CLUB WAY  
ORLANDO, FL. 32822

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

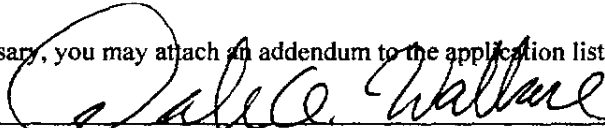
President: Dale Wallace  
Address: 2315 ISLAND CLUB WAY  
ORLANDO, FL. 32822

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Alan Drazen  
Address: 1574 Thornapple Lane Sanford, FL 32771

Treasurer: Alan Drazen  
Address: 1574 Thornapple Lane Sanford, FL 32771

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Dale Wallace  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
State of Louisiana



**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Incorporation of

PRIME CARE DURABLE MEDICAL EQUIPMENT & SUPPLIES, INC.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation  
was issued on July 19, 1999,

I further certify that no Certificate of Dissolution has  
been issued.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,  
June 20, 2005*

*Jox McKeithen*  
PRO 34815766D



*Secretary of State*