

F05000006676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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J. BRYAN NOV 17 2005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLIED HEALTHCARE PRODUCTS, 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:

DANIEL C. DUNN  
(Name of Person)  
ALLIED HEALTHCARE PRODUCTS, INC  
(Firm/Company)  
1730 SUBLETTE AVE  
(Address)  
ST. LOUIS, MO 63110  
(City/State and Zip code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DANIEL C. DUNN at (314) 268-1676  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. ALLIED HEALTHCARE PRODUCTS, 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. DELAWARE 3. 25-1370721  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DEC 1979 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1720 SUBLETTE AVE ST. LOUIS, MO 63100  
(Principal office address)

SAME AS ABOVE  
(Current mailing address)

8. SALE, LEASE 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 NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND

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.*

see attached

(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: JOHN WEIL

Address: 4550 PERSHING PL  
ST. LOUIS, MO 63108

Vice Chairman: N/A

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

Director: EARL R REFLAND

Address: 1220 SUBLETTE AVE  
ST. LOUIS, MO 63110

Director: JAMES B HILKEY, JR

Address: 4608 EDINA BLVD  
EDINA, MN 55424

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B. OFFICERS

President: EARL R REFLAND

Address: 1220 SUBLETTE AVE  
ST. LOUIS, MO 63110

Vice President: ELDON REINSTRATER

Address: 1220 SUBLETTE AVE  
ST. LOUIS, MO 63110

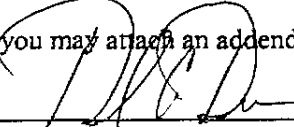
Secretary: DANIEL C DUNN

Address: 1220 SUBLETTE AVE ST. LOUIS, MO 63110

Treasurer: DANIEL C DUNN

Address: 1220 SUBLETTE AVE ST. LOUIS, MO 63110

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. DANIEL C DUNN, V.P. - FINANCE  
(Typed or printed name and capacity of person signing application)

## ACCEPTANCE OF APPOINTMENT

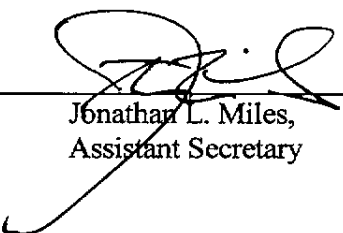
RE: **Allied Healthcare Products, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 13, 2005

C T CORPORATION SYSTEM

By \_\_\_\_\_

  
Jonathan L. Miles,  
Assistant Secretary

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# Delaware

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*The First State*

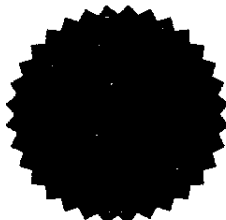
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED HEALTHCARE PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED HEALTHCARE PRODUCTS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 1979.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4227383

DATE: 10-14-05