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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C-2 1-31

DeSIMONE PEARSON, LC

Attorneys at Law

4324 Belleview, Suite 100
Kansas City, MO 64111
816.753.2823 • Fax 816.753.2924

January 20, 2006

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Advance Diabetic Supply, Inc.

Dear Sir or Madam:

Enclosed please find the following:

1. Original Application by Foreign Corporation for Authorization to Transact Business in Florida
2. Original Certificate of Good Standing
3. Check in the amount of \$70.00 for the filing fee for the application

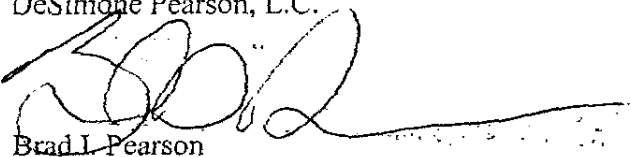
After the application has been processed, please send the Certificate of Authority to the undersigned at the above address.

Please contact me if you have any questions or comments regarding this matter.

Sincerely,

DeSimone Pearson, L.C.

By:



Brad L. Pearson

BIP/klg

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advance Diabetic Supply, 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:

Brad I. Pearson

(Name of Person)

DeSimone Pearson, LC

(Firm/Company)

4324 Belleview, Suite 100

(Address)

Kansas City, MO 64111

(City/State and Zip code)

For further information concerning this matter, please call:

Brad I. Pearson

(Name of Person)

at (816) 753-2823

(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. Advance Diabetic Supply, 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. Kansas

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

3. 68-0539489

(FEI number, if applicable)

4. 01/21/03

(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. 8002 W. 144th Terrace, Overland Park, KS 66223

(Principal office address)

8002 W. 144th Terrace, Overland Park, KS 66223

(Current mailing address)

8. General business purposes.

(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: Mark Houghton

Office Address: 3731 McGregor Boulevard

Fort Myers

(City)

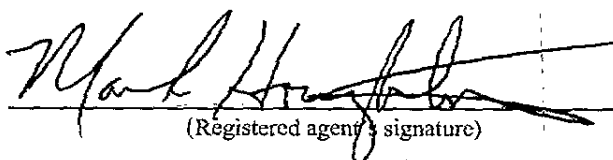
Florida 33901

(Zip code)

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TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)

1-4-06

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: Mark Houghton

Address: 8002 W. 144th Terrace
Overland Park, KS 66223

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Houghton

Address: 8002 W. 144th Terrace
Overland Park, KS 66223

Vice President: _____

Address: _____

Secretary: Mark Houghton

Address: 8002 W. 144th Terrace, Overland Park, KS 66223

Treasurer: Mark Houghton

Address: 8002 W. 144th Terrace, Overland Park, KS 66223

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

13. Mark Houghton 1-4-06

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

14. Mark Houghton, President

(Typed or printed name and capacity of person signing application)

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06 JAN 26 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,

ADVANCE DIABETIC SUPPLY, INC.
KANSAS FOR PROFIT CORPORATION
Business Entity ID Number: 3420064

was filed in this office on January 21, 2003 and has complied with the
applicable provisions of the laws of the State of Kansas and on this date is in
good standing and authorized to transact business or to conduct its affairs
within this state.

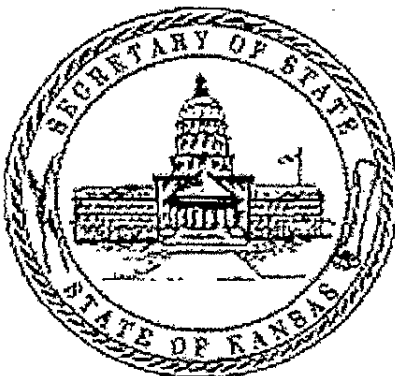
Dated: 01/19/2006

For Validation:

Certificate ID: **41373**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE