F060000001606

| (Requestor's Name) | | | | |
|--|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| Melissa Gave Authorization by Phone to Obrect Name Date 3/15/06 DOC. EXAM TH | | | | |

Office Use Only



600066870106

03/14/06--01001--001 **70.00

O6 MAR 13 PM 2: 3:

SECRETARY OF S

| Incorporating Services, Ltd Melissa A. Mu | ırry |
|---|---------------------------------------|
| Requester's Name | |
| 1540 Glenway Drive | |
| Address | |
| Tallahassee, FL 32301 656-7956 | |
| City/State/Zip Phone # | |
| PLEASE FILE FIRST | |
| | Office Use Only |
| CORPORATION NAME(S) & DOCUMENT : | NUMBER(S), (if known): |
| IND MEDICAL CURRING INC | |
| J&B MEDICAL SUPPLY CO., INC. (Corporation Name) | (Document #) |
| for a from service Y, street, | feriorities w |
| 2. | |
| (Corporation Name) | (Document #) |
| 3. | |
| (Corporation Name) | (Document #) |
| | |
| (Corporation Namo) | (Document #) |
| | |
| | Селиней сору |
| Mail out Will wait P | hotocopy Certificate of Status |
| NEW FILINGS AM | <u>ENDMENTS</u> |
| Profit | Amendment |
| Not for Profit | Resignation of R.A., Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal Merger |
| | GISTRATION/QUALIFICATION |
| | Foreign |
| | roteigh Limited Partnership |
| | Reinstatement |
| | Trademark Other |
| L | |
| | Examiner's Initials |
| CR2E031(7/97) | |

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: J&B Medical Supply Co., 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: |
| Melissa A. Murry |
| (Name of Person) |
| Incorporating Services, Ltd. |
| (Firm/Company) |
| 1540 Glenway Dr. |
| (Address) |
| Tallahassee, FL 32301 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Melissa at () 656.7956 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| \$70.00 Filing Fee \$\sum \text{\$87.50 Filing Fee & Status Certified Copy}\$\$\$ Certificate of Status & Certified Copy\$\$\$ Certified Copy\$\$ Certified Copy\$\$\$ Certified Copy\$\$ Certified Copy\$\$\$ Certified Copy\$\$\$ Certified Copy\$\$\$ Certified Copy\$\$\$ Cert |

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.

| • | J&B Med | lical Supply Co., Inc. orporation; must include "INCORPORATED |)" "COMPANY" "CORPORATION." | |
|------------------------------|---|--|---|---|
| | "Inc," "Co," "Co | orp," "Inc," "Co," or "Corp ") | , committ, coa ordinor, | |
| | J&B MI | EDICAL SUPPLY & COM | PANY INC. | |
| | (If name unavails | able in Florida, enter alternate corporate name | e adopted for the purpose of transacting business | ss in Florida) |
| 2. | Michigan | 1 3 | | <u> </u> |
| | (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | ······································ |
| 4. | 1-12-96 | 5 | Perpetual | |
| | (Date | of incorporation) | (Duration: Year corp. will cease to exist or | "perpetual") |
| 6 | | | | |
| | | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration) 1502, F S, to determine penalty liability) | |
| 7. | 4305 Pin | eview Drive, Ste. 300 C | ommerce Township, Ml 4 | 48390 |
| `- | | (Principal office ad | dress) | • |
| _ | 4305 Pin | eview Drive, Ste. 300 C | <u>ommerce Township, MI 4</u> | <u> 48390 </u> |
| | | (Current mailing ad | dress) | |
| 0 | Sale of M | Modical Supplies | | |
| • | | iedicai oupplies | | |
| | (Purpose(s | Medical Supplies of corporation authorized in home state or c | country to be carried out in state of Florida) | 7 SE 200 |
| 9 | (Purpose(s | of corporation authorized in home state or c | | 2006 HA |
| 9 | (Purpose(s | of corporation authorized in home state or c t address of Florida registered agent: (P | | 2006 HAR I |
| 9 | (Purpose(s | of corporation authorized in home state or c t address of Florida registered agent: (P R. Keith Stark | O. Box NOI acceptable) | 2006 HAR 13 SECRETARY |
| | (Purpose(s | of corporation authorized in home state or contact the state of the st | O. Box NOI acceptable) ive, Ste. 402 | 2006 HAR 13 AM SECRETARY OF TALLAHASSEE.F |
| | (Purpose(s) Name and stree Name: | of corporation authorized in home state or contact the state of the st | ive, Ste. 402 | 2006 HAR 13 AM 11: SECRETARY OF STA |
| | (Purpose(s) Name and stree Name: | of corporation authorized in home state or contact the state of the st | O. Box NOI acceptable) | 2006 HAR 13 AM 11:33 SECRETARY OF STATE NALLAHASSEE, FLORID |
| Of | (Purpose(s) Name and stree Name: ffice Address: Registered ag | of corporation authorized in home state or control to address of Florida registered agent: (Per R. Keith Stark 267 Barefoot Beach Dramber Bonita Springs (City) ent's acceptance: | ive, Ste. 402 , Florida 33162 (Zip code) | > |
| Of 10 | (Purpose(s) Name and stree Name: ffice Address: Registered ag | of corporation authorized in home state or control to address of Florida registered agent: (Property R. Keith Stark 267 Barefoot Beach Drace Bonita Springs (City) ent's acceptance: end as registered agent and to accept server. | O. Box NOI acceptable) ive, Ste. 402 , Florida 33162 (Zip code) ice of process for the above stated corpora | P ation at the place |
| Of 10 Ha des fur | (Purpose(s) Name and stree Name: ffice Address: Registered agaving been names signated in this orther agree to compare | of corporation authorized in home state or contact address of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Barefoot Beach Draw Bonita Springs (City) ent's acceptance: (City) | O. Box NOI acceptable) ive, Ste. 402, Florida 33162 | ation at the place in this capacity. I |
| Of 10 Ha des fur | (Purpose(s) Name and stree Name: ffice Address: Registered agaving been names signated in this orther agree to compare | of corporation authorized in home state or contact address of Florida registered agent: (Park R. Keith Stark 267 Barefoot Beach Dr Bonita Springs (City) ent's acceptance: et as registered agent and to accept servapplication, I hereby accept the appoint | O. Box NOI acceptable) ive, Ste. 402, Florida 33162 | ation at the place in this capacity. I |
| Of 10 Ha des fur | (Purpose(s) Name and stree Name: ffice Address: Registered agaving been names signated in this orther agree to compare | of corporation authorized in home state or contact address of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Barefoot Beach Draw Bonita Springs (City) ent's acceptance: (City) | O. Box NOI acceptable) ive, Ste. 402, Florida 33162 | ation at the place in this capacity. I |
| Of 10 Ha des fur | (Purpose(s) Name and stree Name: ffice Address: Registered agaving been names signated in this orther agree to compare | of corporation authorized in home state or contact address of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Florida registered agent: (Paraddress of Barefoot Beach Draw Bonita Springs (City) ent's acceptance: (City) | O. Box NOI acceptable) ive, Ste. 402, Florida 33162 | ation at the place in this capacity. 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.

| 11. 148BICS WILL OUDIFICE S WHITE AND ALL AND COLOR WILL SEE THE SECOND | |
|--|----------------|
| A. DIRECTORS | |
| Chairman: Fawzi B. Shaya | |
| Address: 4305 Pineview Drive, Suite 300 | |
| Commerce Township, Michigan 48390 | |
| | |
| Vice Chairman: | |
| Address; | |
| | |
| Director: | , |
| Address: | |
| | |
| Director: | |
| Address: | PER S |
| | 弱言 |
| | SAR 3 |
| B. OFFICERS | |
| President Fawzi B. Shaya | |
| Address: 4305 Pineview Drive, Suite 300 | |
| Commerce Township, Michigan 48390 | |
| Vice Prexident: | |
| Address; | |
| | |
| Secretary: | |
| | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers at | rdlor director |
| Trainer of the state of the spirit will be spirit to the spirit s | anoi anecars |
| 13 Fawl: R- Shaft. (Signature of Director or Officer listed in number 12 of the application) | |
| # # ! B. Al | |
| (Typed or printed name and capacity of person signing application) | |



Langing, Michigan

This is to Certify That

J&B MEDICAL SUPPLY CO., INC.

was validly incorporated on January 12, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States



Sent by Facsimile Transmission 874015

in testimony whereof I have hereunto set my hand, in the City of Lansing this 10th day of March 2006

Direct

Bureau of Commercial Services