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**Florida Department of State
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TALLAHASSEE FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Blue Medical Supply, Inc.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECRETARY OF STATE
TALLAHASSEE 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. Blue Medical 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. Delaware

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

3. 20-4813472

(FBI number, if applicable)

4. 5/4/2006

(Date of incorporation)

5. Perpetual

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

6. May 5, 2006

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

7. 2197 Canton Road, Suite 107, Marietta, GA 30066

(Principal office address)

2197 Canton Road, Suite 107, Marietta, GA 30066

(Current mailing address)

8. provide medical supplies through wholesale and retail sales

(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: **Scott Hensley**

Office Address: **7101 TPC Drive, Suite 130**

Orlando

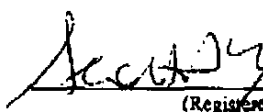
(City)

Florida **32822**

(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 herby 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)

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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Todd LaVelleAddress: 2197 Canton Road, Suite 107, Marietta, GA 30066

Director: _____

Address: _____

B. OFFICERS

President: Todd LaVelleAddress: 2197 Canton Road, Suite 107, Marietta, GA 30066

Vice President: _____

Address: _____

Secretary: Scott HensleyAddress: 7101 TPC Drive, Suite 130, Orlando, FL 32822Treasurer: Scott HensleyAddress: 7101 TPC Drive, Suite 130, Orlando, FL 32822

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)14. Todd LaVelle, President / CEO
(Typed or printed name and capacity of person signing application)

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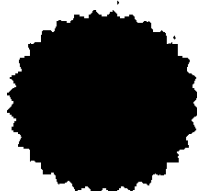
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE MEDICAL SUPPLY, 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 FOURTH DAY OF MAY, A.D. 2006.

4148958 8300

060419375



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4719616

DATE: 05-04-06