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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JUN 16 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CONTI MEDICAL CONCEPTS, 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:

N. BENNETT JESSE
(Name of Person)

CONTI MEDICAL CONCEPTS, INC
(Firm/Company)

3006 EASTPOINT PARKWAY
(Address)

LOUISVILLE, KY 40223
(City/State and Zip code)

For further information concerning this matter, please call:

N. BENNETT JESSE at (502) 253-6881
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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. CONTI MEDICAL CONCEPTS, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CONTI MEDICAL (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY 3. 31-1524059 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/7/97 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE YET (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3006 EASTPOINT PARKWAY LOUISVILLE KY 40223 (Principal office address)

3006 EASTPOINT PARKWAY LOUISVILLE KY 40223 (Current mailing address)

8. SALE AND DISTRIBUTION OF DURABLE 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: LORI NEUHARTH

Office Address: 7824 S. LAKE DR.

WEST PALM BEACH, Florida 33406 (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.

Lori Neuharth (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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ANTHONY J. CONTI

Address: 3006 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Vice Chairman: VICTORIA CONTI

Address: 3006 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANTHONY J. CONTI

Address: 3006 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Vice President: VICTORIA CONTI

Address: 3006 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Secretary: _____

Address: _____

Treasurer: N. BENNETT JESSE

Address: 3006 EASTPOINT PARKWAY LOUISVILLE, KY 40223

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. _____

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

Commonwealth of Kentucky
Trey Grayson
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CONTI MEDICAL CONCEPTS, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 7, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

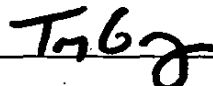
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of June, 2006.

Certificate Number: 32185

Jurisdiction: Florida

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.




Trey Grayson
Secretary of State
Commonwealth of Kentucky
32185/0432587