

F0600000 5213

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**FOREIGN PROFIT/NONPROFIT CORPORATION**

Ancillary Management Solutions, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2006 AUG - 8 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**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. Ancillary Management Solutions, 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. Tennessee 3. 62-1833333  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/16/2001 5. perpetual  
(Date of incorporation) (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. 720 Cool Springs Blvd. / Franklin / TN / 37067  
(Principal office address)  
4345 Southpoint Blvd. / Jacksonville / FL / 32216  
(Current mailing address)
8. Home medical equipment provider (enteral feeding pumps)  
(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: C T Corporation System  
Office Address: 1200 South Pine Island Road  
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.*  

By: C T Corporation System  
(Registered agent's signature)

**Peter F. Souza**  
**Assistant Secretary**
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:

FL619 - 02/03/2004 C T System Online

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: David Smith

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

Vice Chairman: Kevin English

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Gary Corleas

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

Vice President: Mark Haskins

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

Secretary: David Klarner

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

Treasurer: David Klarner

Address: 4345 Southpoint Blvd. / Jacksonville / FL / 32216

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. David D Klarner VP/Secretary

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**Secretary of State**  
**Division of Business Services**  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 08/07/2006  
REQUEST NUMBER: 062191021  
TELEPHONE CONTACT: (615) 741-6488  
CHARTER/QUALIFICATION DATE: 10/06/2000  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0396887  
JURISDICTION: TENNESSEE

TO:  
CFS  
8161 HWY 100  
#172  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8161 HWY 100  
#172  
NASHVILLE, TN 37221

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"ANCILLARY MANAGEMENT SOLUTIONS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/07/06

FROM:  
CAPITAL FILING SERVICE (CFS)  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$320.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$320.00

RECEIPT NUMBER: 00004009535  
ACCOUNT NUMBER: 00101230



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE

SS-4458