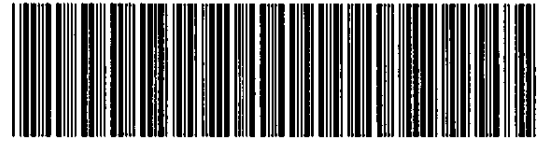


F0600000 7203



600081366516

11/17/06--01035--006 \*\*70.00

(Requestor's Name)

(Address)

(Address)

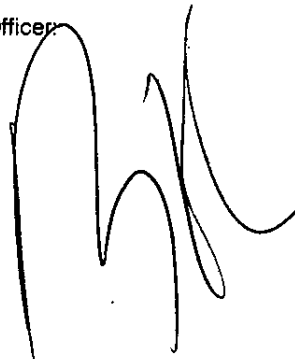
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer  


Office Use Only

RECEIVED  
06 NOV 17 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
06 NOV 17 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CS CORPORATION

November 17, 2006

FILED  
06 NOV 17 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6782673 SO  
Customer Reference 1: 05928/160  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Lyric Medical Supplies of Florida, Inc. (DE)  
Qualification  
Florida

~~Lyric Medical Supplies of Florida, Inc. (DE)  
Assumed Name - Filing - Chestnut Hill Medical Supplies  
Florida~~

~~Lyric Facilities Medical Supplies, LLC (DE)  
Registration  
Florida~~

~~Lyric Facilities Medical Supplies, LLC (DE)  
Assumed Name - Filing - Chestnut Hill Medical Supplies  
Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

File Second!

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediate at (850) 222-1092. Thank you very much for your help.

Sincerely,



Ashley A Mitchell  
Fulfillment Specialist  
Ashley.Mitchell@wolterskluwer.com

**FILED**  
06 NOV 17 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**A. DIRECTORS**

Chairman: Timothy F. Nicholson  
Address: 7150 Columbia Gateway Drive, Suite J  
Columbia, Maryland 21046

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

**B. OFFICERS**

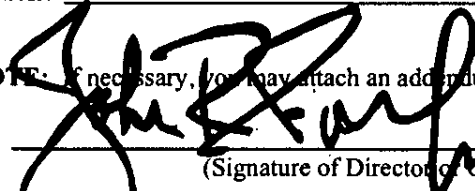
President: SEE ATTACHED  
Address: SEE ATTACHED

Vice President: SEE ATTACHED  
Address: SEE ATTACHED

Secretary: SEE ATTACHED  
Address: SEE ATTACHED

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

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. John R. Fallon, Jr. - Secretary  
(Typed or printed name and capacity of person signing application)

**LYRIC MEDICAL SUPPLIES OF FLORIDA, INC.**

**CORPORATE OFFICERS AND DIRECTOR**

**EIN: 20-5865730**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
Timothy F. Nicholson	President, Sole Director	7150 Columbia Gateway Drive, Suite J, Columbia, Maryland 21046
John B. Poole	Executive Vice President	7150 Columbia Gateway Drive, Suite J, Columbia, Maryland 21046
Matthew F. Auman	Senior Vice President	7150 Columbia Gateway Drive, Suite J, Columbia, Maryland 21046
Timothy J. Trybus	Senior Vice President	7150 Columbia Gateway Drive, Suite J, Columbia, Maryland 21046
John R. Fallon, Jr.	Secretary	125 West 55th Street, New York, New York 10019

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYRIC MEDICAL SUPPLIES OF FLORIDA, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

4243413 8300

061051091

AUTHENTICATION: 5201842

DATE: 11-16-06