# FOTWOOLG BRILL

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |  |
| (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: |  |  |  |  |  |  |  |  |  |
| Öffice Use Only                         |  |  |  |  |  |  |  |  |  |



500084690795

01/18/07--01033--007 \*\*70.00



#### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| SUBJECT: Ovens + minor Medical, Inc albla Owens + Minor (Name of corporation - must include suffix)   |  |  |  |  |  |  |  |
| (1. miles of polymental strate metade dutiffs)  |  |  |  |  |  |  |  |
| 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:   |  |  |  |  |  |  |  |
| Inga Lewis  |  |  |  |  |  |  |  |
| (Name of Person)  |  |  |  |  |  |  |  |
| Owens+ minor medical, Inc   |  |  |  |  |  |  |  |
| (Firm/Company)  |  |  |  |  |  |  |  |
| P.O. BOX 27626  |  |  |  |  |  |  |  |
| (Address)   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |  |
| Name of Person)  (Area Code & Daytime Telephone Number)   |  |  |  |  |  |  |  |
| (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:   |  |  |  |  |  |  |  |
| S78.75 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$878.75 Filing Fee & \bigcup \\$Certificate of Status & \bigcup \\$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. | owens+ minor medical, 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. | Virginia 3. 54-1959151 (State or country under the law of which it is incorporated) (FEI number, if applicable)   |
|    |   |
| 4. | (Date of incorporation)  5. Dev petual (Duration: Year corp. will cease to exist or "perpetual")  |
| б. | 01/01/07  |
|    | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)                                |
| 7. | 9120 Lockwood Blvd, Mechanicsville, UR 23116 (Principal office address)   |
|    | PO Boy 27626 Richmond, Va 23261 (Current mailing address)   |
|    | (Current mailing address)   |
| 8. | To engage in sales And/ore services related to the healthcare industry  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
|    | (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: NRAI Servius Inc  |
| 0  | OTAL COMMITTED TO CLITCH  |
|    | ffice Address: A131 Becurity rayicity 50.06 7  Weston Florida 33331 (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.

(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.

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

|          |             | _            |  |                |   |  |
|----------|-------------|--------------|--|----------------|---|--|
|          |             |              |  |                |   |  |
|          | . 3         |              |  |                |   |  |
|          |             |              | ·  |                |   | <u> </u>                               |
|          |             |              | -  |                |   |  |
|          |             | <u> </u>     | * <u>*                                </u> |                |   | <u> </u>                               |
|          | <u> </u>    | <u> </u>     | <u> </u>                                   |                |   | <u> </u>                               |
|          |             | <u> 5712</u> |  | <u></u>        | <u>, , , , , , , , , , , , , , , , , , , </u> |  |
|          |             | 1286         |  | <del></del>    | - 4-  | <u> </u>                               |
| <u> </u> | <u> </u>    | gré          |  | <u>,</u>       | <u>-</u> .                                    | <u> </u>                               |
| ·        |             | <u> </u>     |  |                |   |  |
|          | :. <u> </u> | <del></del>  | <u> </u>                                   |                |   | <u> </u>                               |
|          |             |              |  |                |   |  |
| see all  | unerl       |              |  |                |   |  |
|          |             |              |  |                |   |  |
|          | <u>·</u>    |              |  |                |   | -                                      |
|          |             |              |  | <u> </u>       | <u></u>                                       |  |
|          | <u> </u>    | - <u></u>    | <u>.</u>                                   | ·· <u> </u>    | <u>.                                    </u>  |  |
|          |             |              | ***  |                |   |  |
|          |             |              |  | <del></del> `_ |   | <u></u>                                |
|          |             |              |  |                |   |  |
|          |             |              |  |                |   |  |
|          |             | <u> </u>     | <u></u>                                    | · · · <u> </u> |   | ······································ |
|          | see atto    | see attache. | see attaches                               | see attached   | see attained                                  |  |

#### OWENS & MINOR MEDICAL, INC. - FORMERLY OMI SPECIALTY, INC.

NAMED CHANGED 12/31/01 State of incorporation: Virginia

Date of Incorporation: 9/13/99 (OMI SPECIALTY, INC. INCORPORATION DATE)

Tax ID: 54-1959151 (RETAINED TAX ID of OMI SPECIALTY, INC.)

VA Organization #: 0526951-9

Registered Agent: VA- Grace R. den Hartog

All other states: National Registered Agents, Inc.

30,000 shares authorized

#### Registered to conduct business in the following states:

Arizona Georgia Maryland Texas Virginia

#### Directors:

Craig R. Smith- Chairman Grace Ř. den Hartog Jeffrey Kaczka Charles C. Colpo

#### **Elected Officers:**

Craig R. Smith President & Chief Executive Officer
Richard F. Bozard Senior Vice President, Treasurer

Charles C. Colpo <sup>1</sup> Senior Vice President, Operations & Technology

Erika T. Davis Senior Vice President, Human Resources

Grace R. den Hartog Senior Vice President, General Counsel & Corporate Secretary

Hugh F. Gouldthorpe, Jr.

Jeffrey Kaczka

Senior Vice President, Quality and Communications
Senior Vice President, Chief Financial Officer
Richard W. Mears

Senior Vice President, Chief Information Officer

Olwen B. Cape Vice President, Controller Natalie K. Wargo Vice President, Tax

#### Other Officers:

Paul Blair Vice President, Strategic Planning & Development

Timothy J. Gill Vice President, OM Solutions

Michael Holtz Vice President

Gavin Jeffs Vice President, Supplier Relations

Michael Lowery Vice President, Financial Planning & Analysis
Jose Valderas Vice President, Supply Chain Management

Rich Lundvall Vice President, Marketing

# Commontrealth & Hirginia



## State Corporation Commission

#### I Certify the Following from the Records of the Commission:

Owens & Minor Medical, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is September 13, 1999.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: January 8, 2007

Joel H. Peck, Clerk of the Commissio.