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Florida Department of State
Division of Corporations
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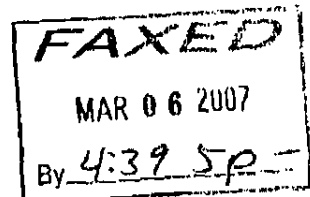
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FOREIGN PROFIT/NONPROFIT CORPORATION

THERAPY PRODUCTS, INC.

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Florida Dept of State



March 7, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA FILING & SEARCH SERVICE

SUBJECT: THERAPY PRODUCTS, INC.
REF: W07000011448

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Loria Poole
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 TALLAHASSEE, FLORIDA

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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. THERAPY PRODUCTS INC
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. TEXAS
 (State or country under the law of which it is incorporated)
3. 20-5976895
 (FEI number, if applicable)
4. 8-15-2005
 (Date of incorporation)
5. PERPETUAL
 (Duration: Year corp. will cease to exist or "perpetual")
6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1301 & 607.1502, F.S., to determine penalty liability)
7. 2021 COMMERCE DRIVE MCKINNEY TX 75069
 (Principal office address)
- 2021 COMMERCE DRIVE MCKINNEY TX 75069
 (Current mailing address)
8. MEDICAL DEVICE AND EQUIPMENT 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: Capitol Corporate Services, Inc.
 Office Address: 155 Office Plaza Dr., Suite A
Tallahassee Florida 32301
 (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.

DeLana Case, asst. sec.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: STEVEN SHANKSAddress: 2021 COMMERCE DRIVEMCKINNEY TX 75069Director: KEVIN TUCEKAddress: 2021 COMMERCE DRIVEMCKINNEY TX 75069

B. OFFICERS

President: STEVEN SHANKSAddress: 2021 COMMERCE DRIVEMCKINNEY TX 75069Vice President: KEVIN TUCEKAddress: 2021 COMMERCE DRIVEMCKINNEY TX 75069

Secretary: _____

Address: _____

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. STEVEN SHANKS PRESIDENT

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

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Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

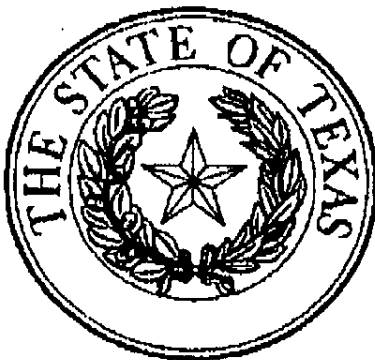
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Therapy Products, Inc. (file number 800694527), a Domestic For-Profit Corporation, was filed in this office on August 15, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 07, 2007.



A handwritten signature of Roger Williams in black ink.

Roger Williams
Secretary of State

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