

F07000001469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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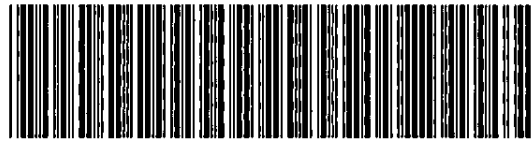
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2007 MAR 15 AM 11:09

NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

March 16, 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 778626 5155673

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : February 27, 2007

ORDER TIME : 9:34 AM

ORDER NO. : 778626-015

CUSTOMER NO: 5155673

FOREIGN FILINGS

NAME: JOERNS HEALTHCARE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

**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. Joerns Healthcare 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. Delaware

(State or country under the law of which it is incorporated)

3. 20-5251510

(FEI number, if applicable)

4. July 31, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

c/o Joerns Healthcare Inc., 5001 Joerns Drive

7. Stevens Point, WI 54481-5040

(Principal office address)

Suite 200, 2382 Faraday Avenue, Carlsbad, CA 92008

(Current mailing address)

Manufacturer of medical equipment To engage in any lawful act or activity for which corporations may be organized.

8. _____

(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: Corporation Service Company

Office Address: 1201 Hays Street,

Tallahassee, Florida 32301

(City)

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Corporation Service Company

By: 

(Registered agent's signature)

Assistant Vice President

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:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

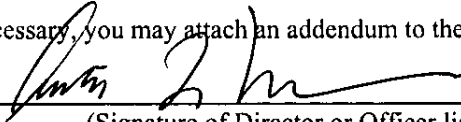
Secretary: _____

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. Curtis Moore, Assistant Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization

Joerns Healthcare Inc.

List of Officers

Name: Glen Mayer **Title:** President
Bus. Addr.: 5001 Joerns Drive, Stevens Point, WI 54481

Name: Steven Jaye **Title:** Secretary
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

Name: Curtis Moore **Title:** Assistant Secretary
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

Name: Sam Sinasohn **Title:** Treasurer
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

List of Directors

Name: Glen Mayer **Term:** Jan 01, 2010
Bus. Addr.: 5001 Joerns Drive, Stevens Point, WI 54481

Name: Sam Sinashon **Term:** Jan 01, 2010
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

Name: Steven Jaye **Term:** Jan 01, 2010
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

Name: Curtis Moore **Term:** Jan 01, 2010
Bus. Addr.: 2382 Faraday Avenue, Suite 200, Carlsbad, CA 92008

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOERNS HEALTHCARE 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOERNS HEALTHCARE INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2006.

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

4195780 8300

070245357



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5466450

DATE: 02-27-07