

F07000003562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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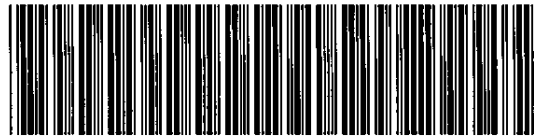
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2007 JUL 13 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL 16 10:07 AM



a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

July 13, 2007

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

Re: Order #: 6974946 SO
Customer Reference 1: 051880
Customer Reference 2: 331078

Dear Department of State, Florida:

Please obtain the following:

Outpatient Infusion Systems, Inc. (GA)
Qualification
Florida

Outpatient Infusion Systems, Inc. (GA)
Cert Copy of Certificate of Authority
Florida

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Sincerely,

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

**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. Outpatient Infusion Systems, 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. Georgia

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

3. 75-2986463

(FEI number, if applicable)

4. January 15, 2002

(Date of incorporation)

5. Perpetual

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

6. June 2004

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

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

7. 5950 Shiloh Road East, Suite U, Alpharetta, GA 30005

(Principal office address)

5950 Shiloh Road East, Suite U, Alpharetta, GA 30005

(Current mailing address)

8. Durable Medical Equipment Provider

(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: 1290 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.

Connie Bryan Special Asst Secary
(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: Christopher D. Good

Address: 2080 Brooke Forest Ct.
Alpharetta, GA 30022

Vice Chairman: Mary Frances Good

Address: 2080 Brooke Forest Ct.
Alpharetta, GA 30022

Director: N/A

Address:

Director: N/A

Address:

B. OFFICERS

President: Christopher D. Good

Address: 2080 Brooke Forest Ct.
Alpharetta, GA 30022

Vice President: N/A

Address:

Secretary: Mary Frances Good

Address: 2080 Brooke Forest Ct., Alpharetta, GA 30022

Treasurer: Mary Frances Good

Address: 2080 Brooke Forest Ct., Alpharetta, GA 30022

NOTE: If necessary, you must 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. Christopher D. Good - President/CEO
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Control No. 0203160

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

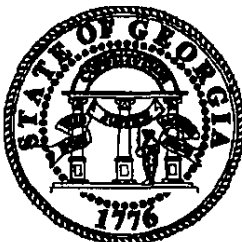
OUTPATIENT INFUSION SYSTEMS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/15/2002 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of July, 2007

Karen C Handel
Secretary of State