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RECEIVED

FLORIDA DEPARTMENT OF STATE 08 AUG 21 AM 8:00
Division of Corporations

DIVISION OF CORPORATIONS

August 12, 2008

RICHARD BASS
1200 E. HIGH ST., SUITE 106
POTTSTOWN, PA 19464

SUBJECT: OMEGA MEDICAL HEALTH SYSTEMS, INC.
Ref. Number: W08000037721

FILED
2008 AUG 21 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OMEGA MEDICAL HEALTH SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 608A00045519

COVER LETTER

FILED
2009 AUG 21 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314

TO: New Filing Section
Division of Corporations

SUBJECT: Omega Medical Health Systems, Inc.
(Name of corporation - must include suffix)

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:

Richard Bass
(Name of Person)
Omega Medical Health Systems, Inc.
(Firm/Company)
1200 E. High Street Suite 106
(Address)
Pottstown PA 19464
(City/State and Zip code)

For further information concerning this matter, please call:

Richard Bass at (610) 327-2829
(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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & 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. Omega Medical Health 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. Pennsylvania 3. 83-0404035
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/5/2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. immediately
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Deborah Bass
(Principal office address)
1200 E High Street, Suite 106, Pottstown, PA 19464.
(Current mailing address)

8. DME Supplier
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

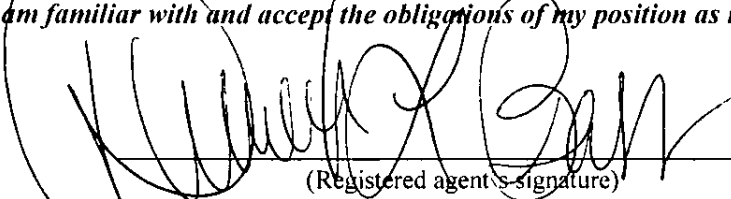
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT J. BENNETT

Office Address: 2772 West Chester DR N
CLEARWATER, Florida 33761
(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.

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2008 AUG 21 P 12:08
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Deborah Bass

Address: 121 Chinaberry Lane
Collegeville PA 19426

Vice President: Deborah Bass

Address: 121 Chinaberry Lane
Collegeville PA 19426

Secretary: Deborah Bass

Address: 121 Chinaberry Lane, Collegeville PA 19426

Treasurer: Deborah Bass

Address: 121 Chinaberry Lane, Collegeville PA 19426

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. Deborah L. Bass - President

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

FILED
2009 AUG 21 P 12:56
SECRETARY OF STATE
TREASURY
CLERK

FILED
2008 AUG 21 P 12:56
SECRETARY OF STATE
HALLAM Bldg. 10th Floor
Harrisburg, PA 17120

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 21, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OMEGA MEDICAL HEALTH SYSTEMS, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortes

Secretary of the Commonwealth