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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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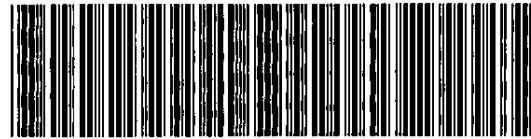
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W10-27466
545

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Destiny Medical Supply, 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," or "Certificate of Good Standing" 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:

Donna McPeck c/o
Name of Person
National Healing Corporation
Firm/Company
4850 T-Rex Ave., Ste 300
Address
Boca Raton, FL 33431
City/State and Zip code
donna.mcpeek@nationalhealing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna McPeck at (561) 994-1174
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

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TALLAHASSEE, FL 32301

**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. Destiny Medical Supply, 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. Colorado 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/08/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5002 T-Rex Ave., Suite 325, Boca Raton, FL 33431
(Principal office address)

same as above
(Current mailing address)

8. Medical, Dental and Hospital Equipment and Supplies Merchant
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Wholesalers

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

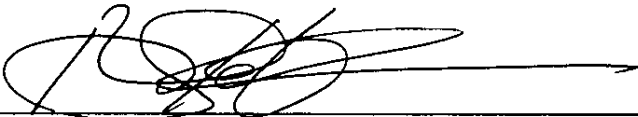
Name: Rodger Hochman, Esq.

Office Address: 4850 T-Rex Ave., Ste 300

Boca Raton, Florida 33431
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached Officers & Directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

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. Rodger Hochman, Secretary

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

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TALLAHASSEE, FLORIDA

OFFICERS & BOARD OF DIRECTORS RIDER

DESTINY MEDICAL SUPPLY, INC.

James E. Patrick - President and Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Greg Gardner - Treasurer

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Rodger Hochman - Secretary

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Mark Brooks - Chairman

National Healing Corporation
4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

James M. Tyler - Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Howard Hoffen- Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Fazle Husain- Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Andy Feller- Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Joe Vumbacco- Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

Larry Cash- Director

4850 T-Rex Ave, Suite 300
Boca Raton, Florida 33431

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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Destiny Medical Supply, Inc

is a **Corporation** formed or registered on 10/08/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071462570.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/19/2010 that have been posted, and by documents delivered to this office electronically through 05/21/2010 @ 12:40:50.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/21/2010 @ 12:40:50 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7656113.



Bernie Buescher

Secretary of State of the State of Colorado

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TALLAHASSEE, FLORIDA

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."