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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

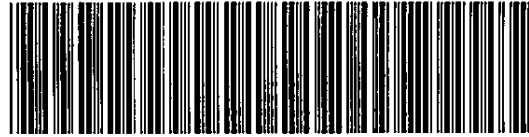
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2010  
D. A. WHITE

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Home Delivery Incontinent Supplies, Co.

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:

Michelle Duepner

Name of Person

Home Delivery Incontinent Supplies, Co.

Firm/Company

9385 Dielman Industrial Drive

Address

Olivette, MO 63132

City/State and Zip code

Michelle.Duepner@hdis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Duepner

Name of Person

at ( 314 ) 997-8771, 5320

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Home Delivery Incontinent Supplies, Co.  
(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. Missouri 3. 43-1511171  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 23, 1989 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 9385 Dielman Industrial Drive, Olivette, MO 63132  
(Principal office address)

Same as above  
(Current mailing address)

8. Medical Supply 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: Carol Jones

Office Address: 1310 South Ridgewood Avenue

Daytona Beach, Florida 32114  
(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.*

Carol D. Jones  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Bruce Grench

Address: 9385 Dielman Industrial Drive

Olivette, MO 63132

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Bruce Grench

Address: 9385 Dielman Industrial Drive

Olivette, MO 63132

Vice President: Brian Flint, Stacy Davis, Mark Nedvin

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

9385 Dielman Industrial Drive, Olivette, MO 63132

Secretary: Brian Flint

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

Treasurer: Bruce Grench

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. TS. . . . .  
(Signature of Director or Officer listed in number 12 of the application)

14. Bruce Grench  
(Typed or printed name and capacity of person signing application)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

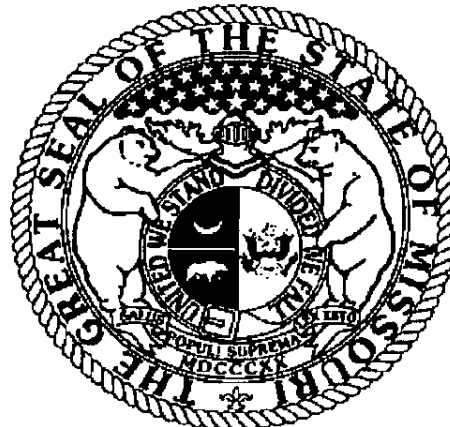
**HOME DELIVERY INCONTINENT SUPPLIES CO.  
00326094**

was created under the laws of this State on the 23rd day of March, 1989, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 13th day of August, 2010

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State



Certification Number: 13092381-1    Reference:  
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>

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TALLAHASSEE, FLORIDA