

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Invacare Continuing Care, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -3 AM 11:30

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TALLAHASSEE, FLORIDA

PS 10/2/11

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**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. Invacare Continuing Care, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri (402793) 3. 43-1696816
(State or country under the law of which it is incorporated) (FEL number, if applicable)
4. 10-31-1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. One Invacare Way, Elyria, OH 44035
(Principal office address)

One Invacare Way, Elyria, OH 44035
(Current mailing address)
8. Rental, Service and Sales of Long Term durable medical equipment.
(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: CT Corporation System

Office Address: 1200 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.

CT Corporation System

By:

Joyce Gilbert
(Registered agent's signature)

Joyce Gilbert, Asst. Secretary

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: A. Malachi Mixon, III

Address: One Invacare Way

Elyria, OH 44035

Vice Chairman: _____

Address: _____

Director: Gerald B. Blouch

Address: One Invacare Way

Elyria, OH 44035

Director: Robert K. Gudbranson

Address: One Invacare Way

Elyria, OH 44035

B. OFFICERS

President: Gerald B. Blouch

Address: One Invacare Way

Elyria, OH 44035

Vice President: Robert K. Gudbranson

Address: One Invacare Way

Elyria, OH 44035

Secretary: Anthony C. LaPlaca

Address: One Invacare Way, Elyria, OH 44035

Treasurer: Robert K. Gudbranson

Address: One Invacare Way, Elyria, OH 44035

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. _____

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

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**Addendum to Application By Foreign Corporation For Authorization To Transact
Business in Florida**

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

B. OFFICERS

Vice President and General Manager: Michael A. Sotak
Address: One Invacare Way, Elyria, OH 44035

Vice President: Jerome E. Fox, Jr.
Address: One Invacare Way, Elyria, OH 44035

3 AM 11:30

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

INVACARE CONTINUING CARE, INC.
00402793

was created under the laws of this State on the 31st day of October, 1994, 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 3rd day of October, 2011

Robin Carnahan

Secretary of State

