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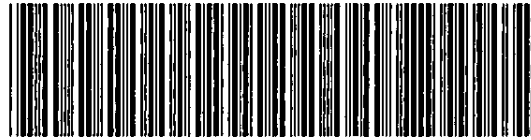
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR -3 AM 11:54

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J. Shivers APR 04 2012

W12-4832  
643



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2012

DAVID J. MIGNACCA SR  
1150 OAKLAWN AVE  
CRANSTON, RI 02920

SUBJECT: COMPREHENSIVE HOME MEDICAL EQUIPMENT, INC.  
Ref. Number: W12000015832

We have received your document for COMPREHENSIVE HOME MEDICAL EQUIPMENT, 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00009696

**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. COMPREHENSIVE HOME MEDICAL EQUIPMENT, 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. RHODE ISLAND 3. 05-6107446  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/10/1995 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. 1150 OAKLAWN AVENUE CRANSTON, RI 02920  
(Principal office address)

1150 OAKLAWN AVENUE CRANSTON, RI 02920  
(Current mailing address)

8. SALE OF MEDICAL EQUIPMENT & SUPPLIES  
(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: MARK D BAXTER

Office Address: 1655 PALM BEACH LAKES BLVD. SUITE 502  
WEST PALM BEACH, Florida 33401  
(City) (Zip code)

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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.

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

**A. DIRECTORS**

Chairman: DAVID J. MIGNACCA, SR.

Address: 341 LATEN KNIGHT ROAD  
CRANSTON, RI 02921

Vice Chairman: KATHY A. MIGNACCA

Address: 341 LATEN KNIGHT ROAD  
CRANSTON, RI 02921

Director: DAVID J. MIGNACCA, SR.

Address: 341 LATEN KNIGHT ROAD  
CRANSTON, RI 02920

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

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

**B. OFFICERS**

President: DAVID J. MIGNACCA, SR.

Address: 341 LATEN KNIGHT ROAD  
CRANSTON, RI 02921

Vice President: KATHY A. MIGNACCA

Address: 341 LATEN KNIGHT ROAD  
CRANSTON, RI 02921

Secretary: KATHY A. MIGNACCA

Address: 341 LATEN KNIGHT ROAD CRANSTON, RI 02921

Treasurer: DAVID J. MIGNACCA, SR.

Address: 341 LATEN KNIGHT ROAD CRANSTON, RI 02921

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**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.  DAVID J. MIGNACCA, SR., PRESIDENT

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis'

Secretary of State

Certification Number: 12032533610

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Comprehensive Home Medical Equipment, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

March 10, 1995

Effective

March 10, 1995

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TALLAHASSEE, FLORIDA

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Wednesday, March 28, 2012

Secretary of State

Authorized Agent

