

F12000002491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

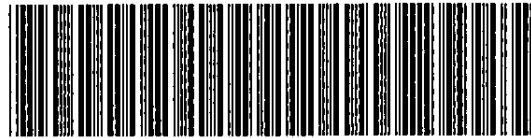
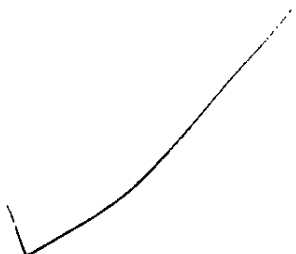
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 14 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL 32399

L. Burch JUN 15 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABC HOME 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:

ANDREW JUNIKIEWICZ

Name of Person

ABC HOME MEDICAL SUPPLY, INC.

Firm/Company

15 E. UWCHLAN AVE, SUITE 430

Address

EXTON, PA 19341

City/State and Zip code

andrew.junikiewicz@abchomemedical.com

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

For further information concerning this matter, please call:

ANDREW JUNIKIEWICZ

Name of Person

at (215) 600-0543

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUN 14 PM 3:55

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1. ABC HOME 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. TEXAS

(State or country under the law of which it is incorporated)

3. 51-0443844

(FEI number, if applicable)

4. 02/03/2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 23, 2012

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

7. 50 NE Dixie Hwy Ste. A-4 Stuart, FL. 34994

(Principal office address)

50 NE Dixie Hwy Ste. A-4 Stuart, FL. 34994

(Current mailing address)

8. Management office

(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: NRAI Services, Inc

Office Address: 515 East Park Avenue

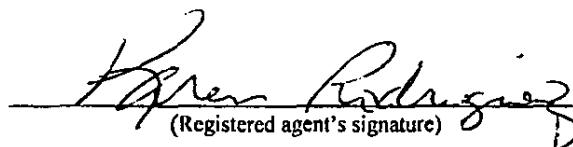
Tallahassee, Florida 32301

(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.

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

A. DIRECTORS

Chairman: KEITH W. JONES, CHIEF EXECUTIVE OFFICER

Address: 15 E. UWCHLAN AVE, SUITE 430
EXTON, PA 19341

Vice Chairman: _____

Address: _____

Director: Rod Boone

Address: 1413 Center Drive, Suite 220 Park City, Utah 84098

Director: Eric Keen

Address: 1413 Center Drive, Suite 220 Park City, Utah 84098

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: KEITH W. JONES, CHIEF EXECUTIVE OFFICER

Address: 15 E. UWCHLAN AVE, SUITE 430
EXTON, PA 19341

Vice President: _____

Address: _____

Secretary: Eric Keen

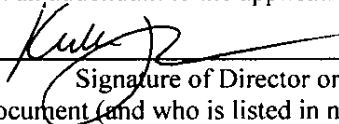
Address: 1413 Center Drive, Suite 220 Park City, Utah 84098

Treasurer: Eric Keen

Address: 1413 Center Drive, Suite 220 Park City, Utah 84098

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. KEITH W. JONES, CHIEF EXECUTIVE OFFICER

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for ABC Home Medical Supply, Inc. (file number 800169395), a Domestic For-Profit Corporation, was filed in this office on February 03, 2003.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 07, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State