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COVER LETTER

TO:	O: New Filing Section Division of Corporations						
SUBJ	ECT: ABC	HOME MEDI	CAI	_ SUPPLY, INC) .		
				n - must include suffix			
Dear S	ir or Madam:						
"Certif	ficate of Existenc		d Star	Authorization to Transact nding" and check are submites in Florida.			
Please	return all corresp	ondence concerning this	matte	r to the following:			
AND	REW JUNIKI	EWICZ					
		Na	me of	Person			
AB	CHOME	MEDICAL SU	PP	LY, INC.			
		Firm	n/Con	npany			
15	E. UWCH	LAN AVE, SU	IITE	E 430			
			Addr	ess			
EX1	TON, PA 1	9341					
		City/s	State a	and Zip code	**************************************		
andr	ew.junikiev	wicz@abchomei	med	lical.com			
	-			for future annual report not	ification)		
For fur	ther information	concerning this matter, p	lease o	call:			
ANDREW JU	NIKIEWICZ	at (2	15) 600-0543			
	Name of Perso	n	Area	Code & Daytime Telephon	e Number		
Enclos	New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING ADI New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion oorations		
₽ \$7	70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	<u> </u>	\$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 WIT	H SECTION 607.1503, FLORIDA S	STATUTES, THE FOLLOWING IS SUBMITT	EUTO —
REGISTER A FOREIGI	N CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA.	
. ABC HOME ME	DICAL SUPPLY, INC.		
(Enter name of corpora	tion; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	S = 1
"Inc.," "Co.," "Corp," "	Inc," "Co," or "Corp.")		::: <u>1</u>
(If name unquallable in	Clorido entre alternato companio	e adopted for the purpose of transacting business i	
		•	n Florida) උ ුදුරු උ
TEXAS		51-0443844	·
(State or country under	the law of which it is incorporated)	(FEI number, if applicable)	
02/03/2003	5.	(Duration: Year corp. will cease to exist or "pe	
(Date of inc	orporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")
5. <u>APRIL 23, 201</u>			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
50 NF Divie H	Hwy Ste. A-4 Stuart,	• • •	
, OO ITE DIXIC I	(Principal office add		
50 NF Dixie	Hwy Ste. A-4 Stuar	t Fl 34994	
	(Current mailing add		
<u>. Managemen</u>	t office		
(Purpose(s) of co	rporation authorized in home state or c	ountry to be carried out in state of Florida)	
). Name and street addr	ess of Florida registered agent: (P.	O. Box NOT acceptable)	
Name: NF	RAI Services, Inc		
Office Address: 51	5 East Park Avenue		
Та	llahassee	, Florida 32301	
_ 	(City)	(Zip code)	
0. 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
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. Luly
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.

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



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.

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.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB