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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

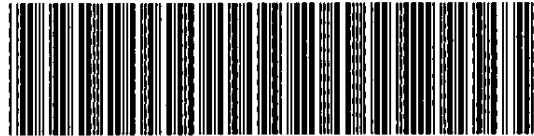
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2/7/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Special Care Medical of SC, 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:

Walter D. McLendon

Name of Person

Special Care Medical of SC, Inc

Firm/Company

PO Box 21564

Address

Columbia, SC 29221

City/State and Zip code

dmclendon@scm-sc.com

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

For further information concerning this matter, please call:

Walter D. McLendon at (803) 926-0161

Name of Person

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

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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.

1. Special Care Medical of South Carolina, 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. South Carolina 3. 57-0818783
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/01/1988 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3465 Leaphort Rd. West Columbia, SC 29169
(Principal office address)
PO Box 21564 Columbia, SC 29221
(Current mailing address)

8. Home 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: Walter D. McLendon

Office Address: 5010 US 41 North
Palmetto, Florida 34221
(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.

Walter David McLendon
(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: WALTER DAVID McLENDON 13 FEB -7 PM 1:08
Address: 116 BLACKSMITH ROAD SECRETARY OF STATE
LEXINGTON, S.C. 29072 TALLAHASSEE FLORIDA

Vice Chairman: PAUL E. WATSON
Address: 4617 SANDY RIDGE RD.
COLUMBIA, S.C. 29206

Director: WALTER DAVID McLENDON
Address: 116 BLACKSMITH ROAD
LEXINGTON, S.C. 29072

Director: PAUL E. WATSON
Address: 4617 SANDY RIDGE RD.
COLUMBIA, S.C. 29206

B. OFFICERS

President: Walter D. McLendon
Address: PO Box 21564
Columbia, SC 29221

Vice President: Paul E. Watson
Address: PO Box 21564
Columbia, SC 29221

Secretary: Ginny Anderson
Address: PO Box 21564 Columbia, SC 29221

Treasurer: Nick McLendon
Address: PO Box 21564 Columbia, SC 29221

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

13. Walter D. McLendon
Signature of Director or Officer

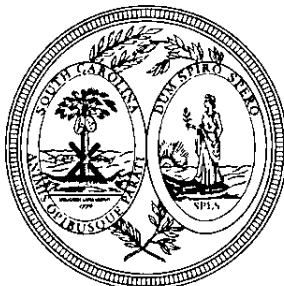
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Walter D. McLendon
(Typed or printed name and capacity of person signing application)

The State of South Carolina

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SPECIAL CARE MEDICAL OF SOUTH CAROLINA, INC.,
a corporation duly organized under the laws of the State of South Carolina on November 12th, 1985, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
6th day of February, 2013.


Mark Hammond, Secretary of State