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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

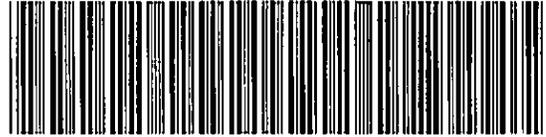
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 12 AM 9:23
SECRETARY OF STATE
CORPORATION DIVISION

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MAY 13 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med-South, 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:

Lisa Wells

Name of Person

Med-South, Inc.

Firm/Company

406 Medical Center Drive

Address

Jasper, AL 35501

City/State and Zip code

lwells@medsouthinc.net

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

For further information concerning this matter, please call:

Lisa Wells

at (205) 221-8258

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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. Med-South, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MSI Home Medical Services Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 63-0714407
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 4, 1976 5. NA
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1420 N. McKenzie Street, Foley, AL 36535-2234
 (Principal office street address)

406 Medical Center Drive, Jasper, AL 35501-3400
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dan J. McClary

Office Address: 175 Sand Cliffs Dr.

Rosemary Beach, Florida 32461
 (City) (Zip code)

9. **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)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 SECRETARY OF STATE
 ALABAMA

A. DIRECTORS

Chairman Name: James D. Warren
 Vice Chairman Address: 406 Medical Center Drive
 Director Jasper, AL 35501
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gregory C. Duckworth
 Vice Chairman Address: 406 Medical Center Drive
 Director Jasper, AL 35501
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Dan J. McClary
 Vice Chairman Address: 406 Medical Center Drive
 Director Jasper, AL 35501
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other Registered Ager

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 STATE OF ALABAMA
 DEPARTMENT OF STATE

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Dan J. McClary, CFO/Registered Agent
 (Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Med-South, Inc. was formed in Jefferson County, Alabama on October 4, 1976. The Alabama Entity Identification number for this entity is 043-506. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200423000007282

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

04/23/2020

Date

J. H. Merrill

John H. Merrill

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2020

OISA WELLS
MED-SOUTH, INC.
406 MEDICAL CENTER DRIVE
JASPER, AL 35501

SUBJECT: MED-SOUTH, INC.
Ref. Number: W20000045327

We have received your document for MED-SOUTH, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The voluntarily dissolved company document number J35493. There is also a Florida Profit rejection W20000043110, which seems to be filed by your office also.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 920A00009379

*Rec'd
5-12-20*