

222-9171 -222-0191 1A	95 JA	N-1, AH 10: 40		
netwo!	rks DIVISION	OF CORFORATION		
To: Box 5020 MASSCE, FL 32314		HILL		
MANUT, TE 12 PA	ACCOUNT NO. :	0721000000032		
	REFERENCE :	514531	81984	
	AUTHORIZATION :	D.		
	COST LIMIT 1	3 122.50	ticin. Lyuts	
ORDER DATE :	December 29, 1994			
ORDER TIME :	9:33 MA CC:0		80000	1368848
ORDER HO. :	514531			
CUSTOMER NO:	81988			
Orb	in P. Harkins, Esq e Nugent And Darcy West Ridgewood Aven	นอ		F SS T
R1d	gewood, NJ 07450			
	FOREIGN FILI	NGS		FO STATE PERSONATIONS ANII: 10
NAME:	EMPIRE MEDICAL,	INC.		inth
PROFIT NON-PROF		CORPORAT LIMITED		
X QUALIFIC	ATION			
PLEASE RETURN	THE FOLLOWING AS PRO	OOF OF FILING:		
X CERTIF PLAIN S CERTIF	IED COPY STAMPED COPY ICATE OF GOOD STANDI	ING		

CONTACT PERSON: Gail L. Shelby

## 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:

New Jorse	ey dor the law of which it		3		07699			_
				( FEI numb		•		
May 19.	1994 (poration)	_ 5	perpet	lual			· · · · · · · · · · · · · · · · · · ·	• 61
			(Duration: Y	rear corp. w	ill coase to	axistor parp	oma()	1110
January	1 , 1995 d business in Florida. I						5	8 <u>8</u>
		See sector	n# 807,1601, 607	.1502, and 617	.155, F.S.)		1	****
23 Empir	e Boulevard			····	<b></b>		1	
South Ha	ckensack, New	Jersey	07606				7.5	
<del></del> -					<del></del>		<del></del>	- 71
	(Current maili	ng addro	55)				_	
5		-		modleal	agulpma	at raine a	=	
Rental of sa	ales and clinical	servic	es in the	medical	equipme	nt sales a	nd ren	ਨੂੰਜ਼ੋਜ਼ tal inc
Rental of sa (Purposo(s) of co		servic	es in the	medical	equipmei	nt sales a	nd ren	중류 tal Inc
(Purposo(s) of co	ales and clinical	servic n home s	es in the	y to be carri	equipmen ad out in th	nt sales a	nd ren	ਨੂੰਜੀ tal inc
(Purposo(s) of co	ales and clinical reparation authorized in eet address of Fi	servio n homa s orida re	es in the tate or countre	y to be card agent:	equipmen ad out in th	nt sales a s sಚರು of Flo	nd ren	ਨੁੱਜੋਂ tal inc
(Purposo(s) of co	ales and clinical rporation authorized in	servio n homa s orida re	es in the tate or countre	y to be card agent:	equipment of the second out in	nt sales a e sយយ of Fio	nd ren	ក្តីកី tal ind
(Purposo(s) of co	ales and clinical repration authorized in eet address of Fl	servicen home so	es in the table or countries agistered a	y to be card	equipmend out in th	nt sales a s នេះ s s s s s s s s s s s s s s s s s s s	nd ren	ភ្លឺកា ឡើ inc
(Purposo(s) of co	nles and clinical repration authorized in eet address of Fl Name: CORPORA dress: 1201 Ha	servion home so orida re TION S	es in the table or countries of the coun	y to be card	ed out in th -	e sww of Fio	nd ren	ក្តីកា tal inc
(Purposo(s) of co	nles and clinical repration authorized in eet address of Fl Name: CORPORA dress: 1201 Ha	servion home so orida re TION S	es in the table or countries agistered a	y to be card	ed out in th -	32301	nd ren	다 테 Ind *
(Purposo(s) of co	nles and clinical repration authorized in eet address of Fl Name: CORPORA dress: 1201 Ha	servion home so orida re TION S	es in the table or countries of the coun	y to be card	ed out in th -	e sww of Fio	nd ren	ក្តីក al Inc ·
(Purposo(s) of co Name and str () Office Add	nles and clinical repration authorized in eet address of Fl Name: CORPORA dress: 1201 Ha	servion home s orida re TION S yes St	es in the table or countries of the coun	y to be card	ed out in th -	32301	nd ren	Total Inc

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.

¹ 12.	Names and addresses of officers and/or directors:
A.	DIRECTORS

Chairman:	Glenn Edwards			
Address: _	23 Empire Boulevard			
	South Hackensack, New Jersey 07601			
Vice Chairm	an:			
Addross:				
-				
·				
<del>-</del>				(5)
Address:			양	3
-				
B. OFFICERS			)  - - - - - - - - - - - - - - - - - - -	1.
	Cynthia Powers		=	
Address:	23 Empire Boulevard	•	<del>-</del>	
<del></del>	South Hackensack, New Jersey 07601	l		υ,
Vice Presid	lent:			
Address: _				
Secretary:	Thomas Koester			
Address:	23 Empire Boulevard			
	South Hackensack, New Jersey 0760	l		
Treasurer				
Address:				
			- CC	
and/or directors.	may attach an addendum to the application listi		omce	218
ld. 4	el. le chi			
13. (Signature of Chairman, Vic	Chairman, or any officer listed in number 12 of the applie	cation)		
14 <i>61</i>	and capacity of person signing application)			
(Typed or printed name	and capacity of person signing application)			



EMPIRE MEDICAL, INC.

- I, the Socretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 19th day of May A.D. 1994 and so far as the records of this office show said corporation continues as an existing corporation in the State of New Jersey.
- I FURTHER CERTIFY, that the location of the registered office is I Mack Centre Drive, Paramus, New Jersey 07652 and the registered agent is John J. Stern, Esq.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton this 30th day of December A.D. 1994.

SECRETARY OF STATE

