

F 9500000708

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS
*****111.50 *****111.50

SUBJECT: HEALTHCARE SUPPLIERS, INC.
(Name of corporation - must include suffix)

QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS
*****111.50 *****111.50

Dear Sir or Madam:

W95-2394

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

David F. McNamara, Sr.
(Name of Person)

HEALTHCARE SUPPLIERS, INC.
(Firm/Company)

3925 W. Northside Drive
(Address)

Jackson, MS 39209
(City, State and Zip Code)

95 FEB 13 11:10:19
SECRETARY OF REVENUE
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

David F. McNamara, Sr. at (1/800) 748 - 9130
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1995

DAVID F. MCNAMARA, SR.
HEALTHCARE SUPPLIERS, INC.
3925 W. NORTHSIDE DRIVE
JACKSON, MS 39209

SUBJECT: HEALTHCARE SUPPLIERS, INC.
Ref. Number: W95000002394

We have received your document for HEALTHCARE SUPPLIERS, INC. and check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 195A00004453

HEALTHCARE SUPPLIERS, INC.

3025 W. Northside Drive • Jackson, MS 39209 • (601) 922-2528

February 7, 1995

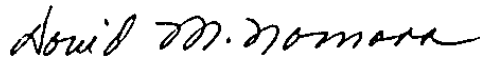
Lee Rivers, Document Examiner
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Rivers:

We are attaching our check in the amount of \$17.50, along with a copy of your letter to insure our money being properly credited. In addition to the check and copy of your letter, enclosed is a Certificate of Existence/Authority dated no more than 90/days prior to the delivery of the application.

I hope this completes all of the requirements for you to issue our documents as indicated by your letter.

Sincerely,



David F. McNamara, Sr.,
President

DFMcN:lk

Attached

HSI

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. HEALTHCARE SUPPLIERS, INC
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words of
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. MISSISSIPPI 3. 64-0669485
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/17/83 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 2, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. HEALTHCARE SUPPLIERS, INC.
1408 State Hwy. 83 DeFuniak Springs, FL 32433
(Current mailing address)

8. To sell or rent medical supplies and equipment
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Eddie Thompson

Office Address: 1408 State Hwy. 83

DeFuniak Springs, Florida, 32433
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Bower, M.D.

Address: 3925 W. Northside Drive

Jackson, MS 39209

Vice Chairman: _____

Address: _____

Director: John M. Bower

Address: 3925 W. Northside Drive

Jackson, MS 39209

Director: _____

Address: _____

B. OFFICERS

President: David F. McNamara, Sr.

Address: 3925 W. Northside Drive

Jackson, MS 39209

Vice President: -CEO Johnny M. Bower

Address: 3925 W. Northside Drive

Jackson, MS 39209

Secretary: Lawrie Gervin

Address: 3925 W. Northside Drive

Jackson, MS 39209

Treasurer: Pete Hays

Address: 3925 W. Northside Drive

Jackson, MS 39209

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

13. David F. McNamara
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of Mississippi

Office of the Secretary of State

Dick Molpus, Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 1995

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 28, 1982 the state of Mississippi issued a Charter/Certificate of Authority to:

HEALTH CARE SUPPLIERS, INC.

That the state of incorporation is MISSISSIPPI.

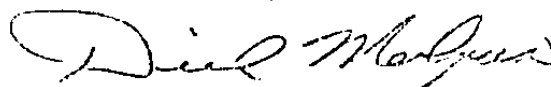
That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Secretary of State's office.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand
and seal of office
February 07, 1995



DICK MOLPUS
Secretary of State

F95000000708

LAW OFFICES
BAKER, DONELSON, BEARMAN & CALDWELL
A PROFESSIONAL CORPORATION
700 NORTH STATE STREET
SUITE 400
JACKSON, MISSISSIPPI 39202

300001791129
-04/23/96--01144--014
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SH 4/30

95 APR 22 PM 10:09

MISSISSIPPI STATE
SECRETARY OF CORPORATIONS

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

HealthCare Suppliers, Inc.
(Name of Corporation)

Mississippi
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

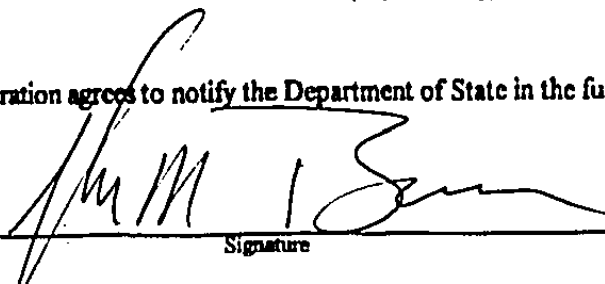
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

3925 W. Northside Drive
(Mailing Address)

Jackson, Mississippi 39209
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 President
Signature Title

John M Bower 3/12/96
Typed or printed name Date

95 APR 22 PM 10:09
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS