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TRANSMITTAL LETTER

1-575-2000

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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-03/31/95--0105--011
*****70.00 *****70.00

SUBJECT: Bio Tech Orthotics, 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", 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:

Geralyn Garcia
(Name of Person)
Bio Tech Orthotics, Inc.
(Firm/Company)
2706 Alternate 19 North Ste 306
(Address)
Palm Harbor, FL 34683
(City, State and Zip Code)

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

Geralyn Garcia at (813) 781-3449
(Name of Person) Area Code & Daytime Telephone Number

95 MAR 31 AM 10:40
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DIVISION OF CORPORATIONS

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

**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. Bio Tech Orthotics Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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. Delaware 3. 59-3303552
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-14-95 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 2706 Alternate 19th Ste 306
Palm Harbor, FL 34683
(Current mailing address)
8. For the sale of medical supplies and any lawful action activity
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
for which corporations may be organized.
9. Name and street address of Florida registered agent:
Name: Geraldyn Garcia
Office Address: 2706 Alternate 19 North Ste 306
Palm Harbor, Florida, 34683
(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.

Geraldyn Garcia
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Geralyn Garcia

Address: 3107 Summer Way
Palm Harbor, FL 34684

Vice Chairman: _____

Address: _____

Director: Anthony Casale

Address: 3107 Summer Way
Palm Harbor FL 34684

Director: _____

Address: _____

B. OFFICERS

President: Geralyn Garcia

Address: 3107 Summer Way
Palm Harbor, FL 34684

Vice President: Jose Garcia

Address: 3107 Summer Way
Palm Harbor FL 34684

Secretary: Jennifer Casale

Address: 3107 Summer Way
Palm Harbor, FL 34684

Treasurer: _____

Address: _____

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

13.

Geralyn Garcia
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

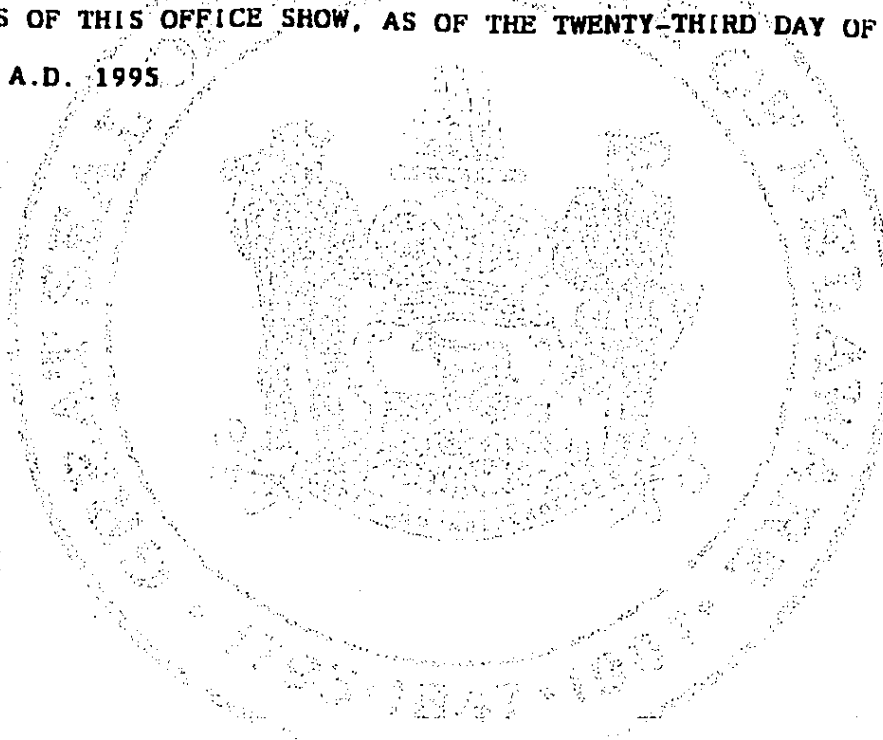
14.

Geralyn Garcia Chairman
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIO TECH ORTHOTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 1995



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Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7447734

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