

F9500001811

100 NORTH MERIDIAN STREET, SUITE 2700 · INDIANAPOLIS, INDIANA 46204-1782 (317) 237-0300 · FAX (317) 237-1000

INDIANAPOLIS
FORT WAYNE
SOUTH BEND
ELKHART
WASHINGTON, D.C.

February 22, 1995

VIA UPS OVERNIGHT DELIVERY

900001420359
-03/03/95--01028--002
*****70.00 *****70.00

Florida Secretary of State
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Florida Doctor Supply, Inc.

Dear Sir:

~~1/15/95~~

Enclosed please find three original Applications By Foreign Corporation for Authorization to Transact Business in Florida (the "Qualification Application") and three original Applications For Registration of a Fictitious Name (the "DBA Application") (collectively, the "Applications") to be filed with your office on behalf of the above-referenced company. Please file the enclosed documents at your earliest convenience.

Also enclosed are two checks payable to the Florida Secretary of State: one in payment of the \$70.00 qualification fee and one in the amount of \$50.00 in payment of the assumed name fee. Enclosed for your convenience are two self-addressed, stamped envelopes: one for returning two (2) file-stamped copies of the Qualification Application, and the other for returning two (2) file-stamped copies of the DBA Application after publication.

If you have any questions, please call the undersigned at toll free 1-800-428-9506 extension 1120.

Sincerely yours,

Cathy L. Rath

Cathy L. Rath
Paralegal

FILED
SECRETARY OF STATE
DIVISION OF PROFESSIONAL REGULATION
95 APR 11 AM 8:19

CLR
Enclosures

~~No. 100-2-112~~
~~with file #~~
693304



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 2, 1995

CATHY L. RATH
BAKER & DANIELS
300 NORTH MERIDAN ST., STE. 2700
INDIANAPOLIS, IN 46204-1782

SUBJECT: FLORIDA DOCTOR SUPPLY, INC.
Ref. Number: W9500004698

We have received your document for FLORIDA DOCTOR SUPPLY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please complete line 14.

The fictitious name applications will be held until the qualification documents are filed.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 295A00009443

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SECRETARY OF STATE
FILES

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Richard W. Turner , do hereby certify that this Resolution of the Board of Directors of Florida Doctor Supply, Inc. , a corporation duly organized and existing under the laws of the State of IN , was duly adopted on 2/23/95 , 19 95 .

Resolved, that Florida Doctor Supply, Inc. , organized and existing in the State of IN = , hereby adopts the name PRN Medical, Inc. for use in Florida.

Dated: 4/7/95


 Signature of at least one director

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**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. Florida Doctor Supply, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "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. Indiana
(State or country under the law of which it is incorporated)

3. January 23, 1995 4. Perpetual
(Date of Incorporation) (Duration)

5. 35-1942415
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 917.155, F.S.)

7. 8351 Rockville Road, Indianapolis, Indiana 46234
(Current mailing address)

8. to conduct all lawful business
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

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9. Officers:

President: Richard W. Turner
Address: 8351 Rockville Road
Indianapolis, Indiana 46234

Vice President: Julie K. Turner
Address: 8351 Rockville road
Indianapolis, Indiana 46234

Secretary: Gregory A. Bruzas
Address: 8351 Rockville road
Indianapolis, Indiana 46234

Treasurer: Gregory A. Bruzas
Address: 8351 Rockville road
Indianapolis, Indiana 46234

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

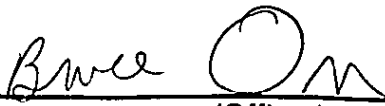
10. Name and Street address of Florida registered agent:

Name: Bruce Orr
Office Address: 7466 S.W. 48th Street
Miami, Florida 33155
Zip Code

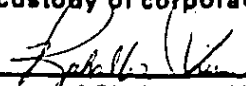
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11. Registered agent's acceptance:

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: 
(Officer)
Bruce Orr, Registered Agent
(Typed Name and Title of Officer)

12. 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. President
(Name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
Florida Doctor Supply, Inc.**

1. Richard W. Turner
8351 Rockville Road
Indianapolis, Indiana 46234
2. Julie K. Turner
8351 Rockville road
Indianapolis, Indiana 46234
3. Gregory A. Bruzas
8351 Rockville road
Indianapolis, Indiana 46234

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FLORIDA DOCTOR SUPPLY, INC.

filed Articles of Incorporation on January 23, 1995, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-second day of February, 1995

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

By *Kimberly A. Cable*
Deputy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
STATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001811**

1. Corporation Name

**PRN-MEDICAL, INC.
FLORIDA DOCTOR SUPPLY, INC.**

Principal Place of Business

**6351 ROCKVILLE RD.
INDIANAPOLIS IN 46234**

Mailing Address

**6351 ROCKVILLE RD.
INDIANAPOLIS IN 46234**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

**8119-37 Zionville Rd
Suite, Apt. #, etc.**

3. New Mailing Office Address, if Applicable

**8119-37 Zionville Rd
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/95

City & State

Indpls., IN

City & State

Indpls., IN

Zip

46268

Country

Zip

46268

Country

5. FEI Number

35-1042415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TURNER, RICHARD W	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
V	TURNER, JULE K	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
GT	BRUCE, GREGORY A	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
S	MLOTEK MARK E	135 DURYEA ROAD	MELVILLE, NY 11747
			500002011885--2 -11/22/96--01010--014 ****375 00 ****375 00 10/23/96

8. Name and Address of Current Registered Agent

**ORR, BRUCE
7406 S.W. 48TH ST.
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name
Richard W. Turner
Street Address (P.O. Box Number is Not Acceptable)
10421 S.W. 89th Ave
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-6-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
MARK MLOTEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/96
Date

(317) 271-0900
Daytime Phone #

CREATED (7/96)

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

F9500000811

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated this authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Florida Doctor Supply, Inc EIN or SS#: 35-1942415

Address: 8119-37 Evansville Rd
Indpls., IN 46268

Amount: \$550.00 Date Paid _____

Reason for claim: Duplicate Filing - F95000001811
SP1 9/22/97

Certified true and correct this 7 day of Oct., 1997

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim. Amount of recommended refund \$ 550.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 98361695 dated 09-16-97

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account.

NAME OF ACCOUNT _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19____

Department of State, Division of Corporations _____
 (Agency) (Authorized Signature and Title)