

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 101, Tallahassee, FL 32301, (904) 224-8800
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
 TEL: (904) 224-8800 FAX: (904) 222-1222

F95000001819

W95-7960

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Product & Services

DISBURSED

Capital Express™

☒ Art. of Inc. File _____

☐ Corp. Record Search _____

☐ Ltd. Partnership File _____

☐ Foreign Corp. File _____

☒ (Firm) Copy(s) _____

☐ Art. of Amend. File _____

☐ Dissolution/Withdrawal _____

☐ C U S. _____

☐ Fictitious Name File _____

☐ Name Reservation _____

☐ Annual Report/Reinstatement _____

☐ Reg. Agent Service _____

☐ Document Filing _____

☐ Corporate Kit _____

☐ Vehicle Search _____

☐ Driving Record _____

☐ Document Retrieval _____

☐ UCC 1 or 3 File _____

☐ UCC 11 Search _____

☐ UCC 11 Retrieval _____

☐ File No.'s _____ Copies _____

☐ Courier Service _____

☐ Shipping/Handling _____

☐ Phone () _____

☐ Top Priority _____

☐ Express Mail Prep. _____

☐ FAX () _____ pgs. _____

900001455589
-04/13/95--0103--014
*******70.00 *****70.00**

95 APR 14 AM 10:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBTOTALS _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK _____

WALK-IN Will Pick Up 7-13-1200

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 13, 1995

CAPITAL CONNECTION, INC.

SUBJECT: MANATEE MEDICAL PRODUCTS AND SERVICES, INC.
Ref. Number: W95000007960

We have received your document for MANATEE MEDICAL PRODUCTS AND SERVICES, 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):

The registered agent must sign accepting the designation.

The FEI number must contain 9 digits. You have only listed 8.

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) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 295A00017028

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95 APR 14 11:10:32

TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

SUBJECT: Manatee Medical Products and Services, 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:

John H. Hall, Jr.

(Name of Person)

Blanco Tackabery Combs & Matamoros, P.A.

(Firm/Company)

P.O. Drawer 25008

(Address)

Winston-Salem, NC 27114-5008

(City, State and Zip Code)

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

John H. Hall, Jr.

(Name of Person)

at (910) 768-1130

Area Code & Daytime Telephone Number

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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. Manatee Medical Products and Services, 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. North Carolina 3. 56-1588335
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/2/87 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 3/1/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 6000 Market Square Court, Suite 200
P.O. Box 1670, Clemmons, North Carolina 27012
(Current mailing address)
8. Any and all lawful purposes for which corporations may be incorporated in North Carolina and qualified in the State of Florida.
(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: Capital Connection
Office Address: 417 East Virginia Street, Suite 1
Tallahassee, , Florida , 32301
(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.

Barbara Neely
(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: W. Stewart Swain
 Address: 6000 Market Square Court, Suite 200
Clemmons, NC 27012

Vice Chairman: _____
 Address: _____

Director: L. P. Herzog
 Address: 2415 Volusia Avenue, Suite A-4
Orange City, Florida 32763

Director: _____
 Address: _____

B. OFFICERS - See attached Addendum

President: _____
 Address: _____

Vice President: _____
 Address: _____

Secretary: _____
 Address: _____

Treasurer: _____
 Address: _____

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

13. W. Stewart Swain, Treasurer
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W. Stewart Swain, Treasurer
 (Typed or printed name and capacity of person signing application)

**ADDENDUM TO APPLICATION
FOR CERTIFICATE OF AUTHORITY**

OFFICERS

President: L. P. Herraog
2415 Volusia Avenue
Suite A-4
Orange City, Florida 32763

**Vice President of
Operations:** Jewel Austin
2828 Winding Way
Lilburn, Georgia 30247

**Regional
Vice President:** Bruce Covell
6655 Southwest 7th
Margate, Florida 33068

**Vice President and
Director of Reimbursement:** Troy Curry
6000 Market Square Court
Suite 200
Clemmons, NC 27012

**Vice President and
Chief Financial Officer:** Becky Muenchow
6000 Market Square Court
Suite 200
Clemmons, NC 27012

Secretary: Faye Hutchins
6000 Market Square Court
Suite 200
Clemmons, NC 27012

Assistant Secretary: Joanne Paige
6000 Market Square Court
Suite 200
Clemmons, NC 27012

Treasurer: W. Stewart Swain
6000 Market Square Court
Suite 200
Clemmons, NC 27012

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

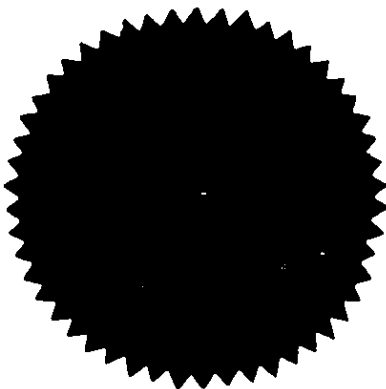
I, RUFUS L. EDMISTEN, Secretary of State of the State of North Carolina, do hereby certify that

MANATEE MEDICAL PRODUCTS AND SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of December, 1987, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of March, 1995.



Rufus L. Edmisten

Secretary of State

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DIVISION OF CLERK RECORDS
MAR 14 11:10 AM '95

F95000001819

— Premiere Associates Management Company
— Tammy Somers, Legal Assistant
— 2415 South Volusia Ave., #A4
— Orange City, FL 32763

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 #)

000001885018
-09/14/95--01074--002
****175.00 *****35.00

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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 checked="" type="checkbox"/>	Change of Registered Agent
<input 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

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FALL SEP 15 1995

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of North Carolina submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: **Manatee Medical Products and Services, Inc.**
1b. The mailing address of the corporation is: **P. O. Box 1670, Clemmons, NC 27012**
1c. Date of incorporation: **December 2, 1987** Document number: **F95000001819**

2. The name and address of the current registered agent and office:

Capital Connection, Inc.
417 E. Virginia St., Suite One
Tallahassee, FL 32301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Galen Goetz
2415 South Volusia Ave., #A4
Orange City, FL 32763

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

LaVerne P. Herzog
(Signature of an officer, chairman, or
vice chairman of the board)

9-11-95
(Date)

LaVerne P. Herzog, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Galen Goetz
(Signature of Registered Agent)

9/11/95
(Date)

If signing on behalf of an entity: **Premiere Associates Management Company**

Galen Goetz
(Typed or Printed Name)

Director of Legal Affairs
(Capacity)

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