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TO: Qualification/Tax Lien Section  
Division of Corporations

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-07/11/95--01010--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Advance Medical Aids, 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:

Bruce R. Abernethy, Jr.  
(Name of Person)  
Bruce R. Abernethy, Jr. P.A.  
(Firm/Company)  
900 Virginia Ave., Suite 6  
(Address)  
Ft. Pierce, FL 34982  
(City/State/Zip)

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

Bruce R. Abernethy, Jr. at ( 407 ) 489-4901  
(Name of Person) (Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

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

904-487-6091

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY EDHEION 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. ADVANCE MEDICAL AIDS, Inc.  
(Name of corporation: 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. Kentucky  
(State or country under the law of which it is incorporated)
3. April 21, 1995  
(Date of incorporation)
4. Perpetual  
(Duration)
5. 61-1281484  
(Federal Employer Identification number, if applicable)
6. July 5, 1995  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 5500 St. Lucie Boulevard, Ft. Pierce, FL 34946  
(Current mailing address)
8. Medical Equipment Sales  
(Corporate purpose and nature of business in which it is engaged in Florida)

9. Names and addresses of officers and or directors:

**A. Directors:**

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Robert E. Jarrell  
Address: 5218 Winchester Ave.  
Ashland, KY 41101

Director: Cheryl A. Jarrell  
Address: 5218 Winchester Ave.  
Ashland, KY 41101

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**B. Officers:**

President: Robert E. Jarrell  
 Address: 5218 Winchester Ave.  
Ashland, KY 41101

Vice President: \_\_\_\_\_  
 Address: \_\_\_\_\_

Secretary: Cheryl A. Jarrell  
 Address: 5218 Winchester Ave.  
Ashland, KY 41101

Treasurer: Cheryl A. Jarrell  
 Address: 5218 Winchester Ave.  
Ashland, KY 41101

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(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 R. Abernethy, Jr.  
 Office Address: 900 Virginia Ave., Suite 6  
Ft. Pierce, Florida 34982  
 Zip Code

**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: 

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. X Robert E. Jarrell  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Robert E. Jarrell, President  
 (Name and capacity of person signing application)



OFFICE OF THE SECRETARY OF STATE  
**CERTIFICATE OF EXISTENCE  
DOMESTIC CORPORATION**

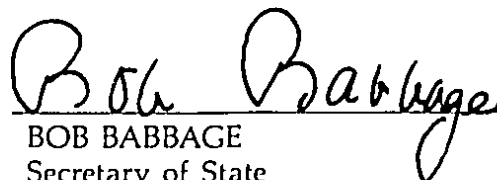
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DIRECTOR'S OFFICE  
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I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, ADVANCE MEDICAL AIDS, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is APRIL 21, 1995 ; and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 5TH day of JULY , 19 95 .



BOB BABBAGE  
Secretary of State  
Commonwealth of Kentucky

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