## 19500005332 Document Number Only 0005332

C T CORPORATION SYSTEM			
Requestor's Name 660 East Jefferson Street		6,000 00 4 6 2	ા લાલામાં આ
Address		<ul><li>□ -11.762.7436110.77=</li></ul>	
Tallahassee, Florida 32301		कककक∓देंगि, विवि	++-II, IIIi
Clty State Zlp	Phone		
•	22-1092		
CORPORATION(			
	_,		
	· · · · · · · · · · · · · · · · · · ·	95	)
		Ċ.	
			; ————————————————————————————————————
111	As here is a second	<u></u>	. <b></b>
		7	.3
		<del>5</del>	:
(s) Profit		12: 30	1
() NonProfit	() Amendment	() Merger	(T)
() Limited Liability Company	,,	( /	44)
(-) Foreign	() Dissolution/Withdrawal	() Mark	YILT
( ) Limited Partnership	() Annual Report	() Other	
() Reinstatement	( ) Reservation	() Change of R.A.	
		() Fictitious Name	<u> </u>
() Certified Copy	() Photo Copies	() CUS/ G/S	
() Call Missa Dand		<u> </u>	
() Call When Ready	() Call if Problem	() After 4:30	
(.) Walk In	() Will Wait	(i) Pick Up	
() Mail Out		•	
Name			
Availability	5		

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED

CR2E031 (1-89)

Acknowledgment

W.P. Verifler

Document Examiner

Updater Verifler

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation ins	or
	of a natural person or partnership if not so contained in the name at present.)	tead
2.	Delaware 22-3259761	
	(State or country under the law of which it is incorporated)  (FEI number, if applied)	ble)
4.	<u>8/9/93</u> 5 Perpetual	,
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<del></del> .
6.	Upon Qualification	7
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156,-F.S.)	<del></del>
7.	ONE MEDIQ Plaza	77
	Pennsauken, NJ 08110	C.
	(Current mailing address)	
8.		্নী - <b>(f)</b>
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	— (1)
9.	Name and street address of Florida registered agent:  Name: <u>C T CORPORATION SYSTEM</u> Office Address: <u>c/o C T Corporation System, 1200 South Pine Island Road</u> <u>Plantation</u> , Florida, <u>33324</u>	
	(Zip Code)	
0.	. Registered agent 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.

> C T CORPORATION SYSTEM (Registered agent's signature) (Officer) Stephens, Assistant Vice President (Type Name and Title of Officer)

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

\$1.4 2000

	Chairman:		
	Address: _		
	-		
	Vice Chairi	man:	
	Address: _		
	-		
	Director: _	Bernard J. Korman	
	Address: _	ONE MEDIO Plaza	
		Pennsauken, NJ 08110	
		PHOTAET F. Sankter	- 90
	Address: _	ONE MEDIQ Plaza	
	-	Pennsauken, NJ 08110	<u> </u>
В.	OFFICERS		30
	President: _	See Attached List	<del></del>
	Address: _		
	_		
	Vice Preside	ent:	
	Address:		
	_		
	Secretary:		
	Address:		
	_		

i G

ıreş	surer:
Add	ress:
13.	ary, you may attach an addendum to the application listing additional officers
(Signature of Ch	airman, Vice Chairman, or any officer listed in number 12 of the application)
	d name and capacity of person signing application)

#### NAME AND ADDRESS OF OFFICERS

NAME	TITLE	<u>ADDRESS</u>		
Bernard J. Korman	President/CEO	One MEDIQ Plaza Pennsauken, NJ 08110		
Thomas E. Carroll	Exec. VP/COO	One MEDIQ Plaza Pennsauken, NJ 08110		
Jay M. Kaplan	Sr. VP/CFO	One MEDIQ Plaza Pennsauken, NJ 08110		
Donald Duckwitz	Vice President	One MEDIQ Plaza Pennsauken, NJ 08110		
Michael F. Sandler	VP/Treasurer	One MEDIQ Plaza Pennsauken, NJ 08110	Č.	. j
Alan S. Einhorn	Secretary	One MEDIQ Plaza Pennsauken, NJ 08110	95 NOY -1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Steven J. Feder	Ass't Secy.	One MEDIQ Plaza Pennsauken, NJ 08110	[312:31	TO CALE

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIQ SURGICAL EQUIPMENT SERVICES, 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-SEVENTH DAY OF OCTOBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

CS (10) - 1 - 12 (15:3)

Idicard J. Freel, Secretary of State

AUDION MEATION

7690639

950248691

2346855 8300

117.11

**Document Number Only** 

# E95000005332

1		l .		
CT CORPORATION SYSTEM				
lequestor's Name 660 East Jefferson Str	eet			٠.
Address				
Tallahassee, FL 32301	222-1092			
City State Zip	Phone	4	0000198	32 <b>04</b> 1 -01063015
CORPORATIO	ON(S) NAME		*****35.Q	) #####3\$.O( 
Medig	Surgical Equ	ipment Selvin	res Tares	\$ 0¢1 25
() Profit () NonProfit () Limited Liability Co.	() Amendr	nent	() Merger FLO	1 ED 3:57
() Foreign	Dissolut	ion/Withdrawal	() Mark	im w
() Limited Partnership	() Annual	Report	() Other ucc	
() Reinstatement	() Reserva		() Change of () Fic. Nam	R.A.
() Certified Copy	() Photo C	Copies	() CUS 55	70 00 11
() Call When Ready Walk In () Mail Out	() Call if P	roblem	() After 4:30	2 0
Name Availability			E RETURN EXT	$\sim$ 0
Document Examiner	1012519	<b>G</b>	FILE STAMP	ED
Updater		1. (1)	- 44	. <b>4.</b>
Verifier		Mitho	rann	
Acknowledgment	V	Nitho 101	25/96	
W.P. Verifier		101	2-11	
CR2E031 (1-89)			<b>Y</b> _	

### APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY • TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

MEDIQ Surgical Equipment Services, Inc.	
(Name of Corporation)	٠,٠٥
Del <i>a</i> ware	ALEC SO ST
(Incorporated Under Laws Of)	2 7
,	デ <u>デ</u> い り
This corporation is no longer transacting business or cor Florida and heraby voluntarily surrenders its authority to	ducting affairs within the State of .
Florida and hereby voluntarily surrenders its authority to	ransact business or conduct affairs
in Florida.	92 68
	Or Or
This corporation revokes the authority of its registered at	jent in Florida to accept service on its
behalf and appoints the Department of State as its agent cause of action arising during the time it was authorized	tor service of process based on a
fairs in Florida.	10 nanact compass or constitut as
The following is a current mailing address to which the D	epartment of State may mail a copy o
any process against this corporation that may be served	on the Department.
0	
One MEDIO Plaza (Mailing Address)	<del></del>
(Mamily Macress)	
Pennsauken, New Jersey 08110	
(City - State - Zip)	
•	
The corporation agrees to notify the Department of State	in the fature of any change in its maj
ing address.	FRI THE ISLES OF MAY SHEET BOTH IS HE
/ACP	
	<u>D/22/96</u>
Signature	Date
Alan S. Einhorn	<del></del>
Typed or printed name	
Converse	٠.
Secretary Title	
IIW	