

F9500005833

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

400001589284
-09/20/95--01037--018
***131.25 ***131.25

W95-19029

SUBJECT: EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION
(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:

VACHAGAN ROBERT YENGIBARYAN
(Name of Person)

EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION
(Firm/Company)

913, BOUGANVILLEA, LANE
(Address)

VERD BEACH, 32963
(City/State/Zip)

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

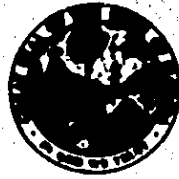
VACHAGAN ROBERT YENGIBARYAN at (407) 4646835
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 21, 1995

VACHAGAN R. YENHIBARYAN
% EASTERN EUROPEAN MEDICAL SUPPLY CORP.
913 BOUGANVILLE LANE
VERO BEACH, FL 32963

SUBJECT: EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION
Ref. Number: W95000019029

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We have received your document for EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 895A00043344

**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. EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION

(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

(State or country under the law of which it is incorporated)

3. 65-0602208

(FEI number, if applicable)

4. JUNE 6, 1994

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 913 BOUGANVILLEA LANE, VERO BEACH,

FLORIDA, 32963

(Current mailing address)

8. EXPORT OF GOODS AND CONSUMER BRANDS TO EUROPE

(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: (P.O. Box or Mail Drop Box NOT acceptable)

Name: The Prentice-Hall Corporation System, Inc.

Office Address: 1201 Hays Street, Suite 105

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.



(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: VACHAGAN ROBERT YENGIBARYAN

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLA 32963

Vice Chairman: _____

Address: _____

Director: JOHN ROBERT MITCHELL

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLORIDA, 32963

Director: VLADIMIR V. YENGIBARIAN

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLORIDA, 32963

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: VACHAGAN ROBERT YENGIBARYAN

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLORIDA, 32963

Vice President: JOHN ROBERT MITCHELL

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLORIDA, 32963

Secretary: VACHAGAN ROBERT YENGIBARYAN

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLA. 32963.

Treasurer: VLADIMIR VACHAGAN YENGIBARIAN

Address: 913 BOUGAINVILLEA LANE, VERO BEACH, FLA, 32963

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

13. _____

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

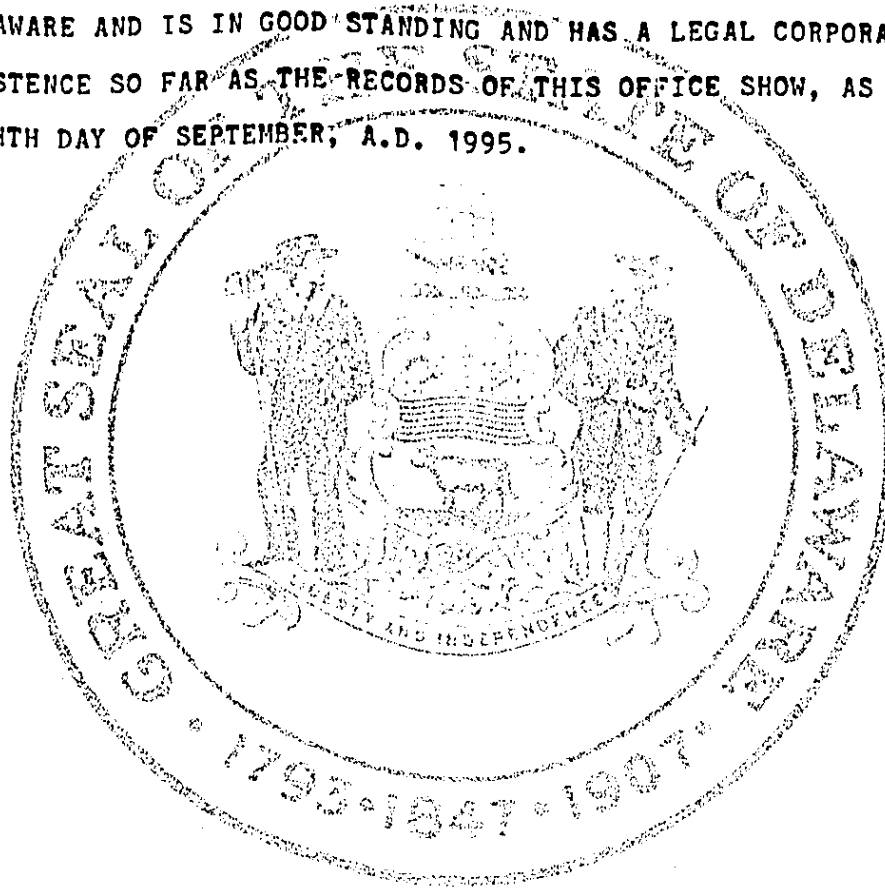
14. VACHAGAN ROBERT YENGIBARYAN - CHAIRMAN
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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 "EASTERN EUROPEAN MEDICAL SUPPLY CORPORATION" 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 EIGHTH DAY OF SEPTEMBER, A.D. 1995.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7632939

DATE:

09-08-95