

F 960000003924

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CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

400001909414
-07/31/96--010:06--026
*****70.00 *****70.00

W96-15988

Specialized Patient Care Services, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Merger

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DIVISION OF CORPORATIONS
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W
8/1/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 31, 1996

C T CORPORATION SYSTEM

SUBJECT: SPECIALIZED PATIENT CARE SERVICES, INC.
Ref. Number: W96000015988

We have received your document for SPECIALIZED PATIENT CARE 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 Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

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: 396A00036667

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63-1159534

Michael -
Please see correction
= back date to
7-31-96.
Thanks!
Tamera

**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. Specialized Patient Care 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. Alabama
(State or country under the law of which it is incorporated)

3. 63-4159534
(FEI number, if applicable)

4. December 20, 1995
(Date of incorporation)

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

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 550 Western Drive, Mobile, Alabama 36607
(Current mailing address)

8. See attached purpose clause
(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine
Island Road
Plantation, Florida, 33324
(Zip Code)

10. 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 obligation of my position as registered agent.

C T Corporation System

Dale Morris

(Registered agent's signature) (Officer)

Dale Morris, Assistant Vice President

(Type Name and Title of Officer)

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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: Clifford D. Wyatt, Jr.

Address: 550 Western Drive

Mobile, Alabama 36607

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Clifford D. Wyatt, Jr., President _____
(Typed or printed name and capacity of person signing application)

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

**Purpose Clause of
Specialized Patient Care Services, Inc.**

To purchased, sell, import, export, manufacture, and deal generally in drugs, medicines, proprietary articles, druggists' sundries, chemicals, extracts, tinctures, ointments, liniments, toilet articles, surgical apparatus, orthopedic appliances, physicians' and hospital supplies, and general merchandise; and to engage in any business incidental thereto

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**Officers of
Specialized Patient Care Services, Inc.**

1. C. Don Wyatt, Secretary
550 Western Drive
Mobile, Alabama 36607
2. John Boss, Treasurer
84 Cedar Lane - 1A
Trussville, Alabama 35173
3. Clifford D. Wyatt, Jr., President
550 Western Drive
Mobile, Alabama 36607
4. Charles L. Brown, Vice President - Finance
5409 - D Southern Comfort Blvd.
Tampa, Florida 33534
5. John F. Johnston, Vice President - Sales and Marketing
3243 A/B Old Frankstown Rd.
Pittsburgh, Pennsylvania 15239

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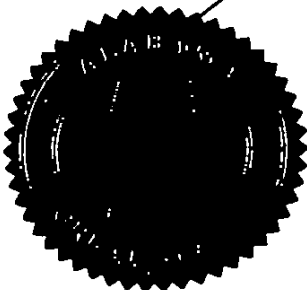
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STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Specialized Patient Care Services, Inc. incorporated in Mobile County, Mobile, Alabama on December 20, 1995. I further certify that the records do not disclose that said Specialized Patient Care Services, Inc. has been dissolved.

FILED
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DIVISION OF CORPORATIONS
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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 29, 1996

Date

Jim Bennett

Jim Bennett

Secretary of State

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10. Registered agent acceptance:

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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 obligation of my position as registered agent.

C T Corporation System

Dale Morris

(Registered agent's signature) (Officer)

Dale Morris, Assistant Vice President

(Type Name and Title of Officer)

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A. DIRECTORS

Chairman: Clifford O. Hyatt, Jr.

Address: 550 Western Drive

Mobile, Alabama 36607

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

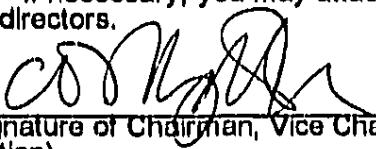
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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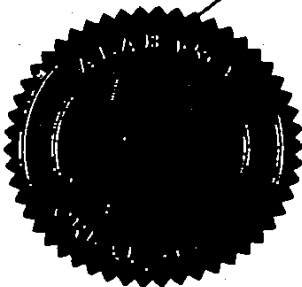
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