

# F96000004345

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

RECEIVED  
DIVISION OF CORPORATIONS  
AUG 26 1996

SUBJECT: PATIENT SUPPORT SYSTEMS, 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:

EVAN S. LIPSTEIN  
(Name of Person)  
PLAUT LIPSTEIN MORTIMER P.C.  
(Firm/Company)  
12600 W. COLFAX AVENUE, SUITE C-400  
(Address)  
LAKEWOOD, CO 80215  
(City/State/Zip)

W96-16718

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 AUG 26 AM 9:26

LC  
8/26

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

EVAN S. LIPSTEIN at (303) 232-5151  
(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

August 12, 1996

EVAN S. LIPSTEIN  
PLAUT LIPSTEIN MORTIMER P.C.  
12600 W. COLFAX AVENUE, SUITE C-400  
LAKEWOOD, CO 80215

SUBJECT: PATIENT SUPPORT SYSTEMS, INC.  
Ref. Number: W96000016718

We have received your document for PATIENT SUPPORT SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 796A00038163

**PLAUT ■ LIPSTEIN ■ MORTIMER ■ PC**  
**A T T O R N E Y S**

August 21, 1996

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Attn: Lee Rivers, Document Examiner

RE: Letter Number: 796A00038163  
Ref Number: W96000016718  
Our Client: Patient Support Systems, Inc.

Dear Ms. Rivers:

Enclosed please find your letter of August 12, 1996, together with the Certificate of Existence for the referenced corporation. Thank you for your courtesy in this matter.

Sincerely yours,



Kate O'Kami  
Legal Secretary to Evan S. Lipstein

kok:se  
enc.


**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. PATIENT SUPPORT SYSTEMS, 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. COLORADO 3. 84-1149288  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 23, 1990 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 1, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 920 3rd St., Suite B  
Neptune Beach, FL 32266  
(Current mailing address)
8. To manufacture, distribute and sell medical supplies and orthotics, and to transact all lawful business for which corporations may be incorporated.  
(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: Dan Armstrong  
  
Office Address: 920 3rd St., Suite B  
Neptune Beach, Florida, 32266  
(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: \_\_\_\_\_

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

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

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

Director: Patricia G. Armstrong

Address: 920 3rd St., Suite B

Neptune Beach, FL 32266

Director: \_\_\_\_\_

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

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

President: Dan Armstrong

Address: 920 3rd St., Suite B

Neptune Beach, FL 32266

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

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

Secretary: Patricia G. Armstrong

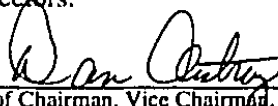
Address: 920 3rd St., Suite B

Neptune Beach, FL 32266

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. Dan Armstrong  
(Typed or printed name and capacity of person signing application)



# STATE OF COLORADO

DEPARTMENT OF  
STATE

## CERTIFICATE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
9 AUG 26 AM 9:26

I, VICTORIA BUCKLEY, Secretary of State of the State of Colorado hereby certify that

According to the records of this office

PATIENT SUPPORT SYSTEMS, INC  
(COLORADO CORPORATION)

file # 901076277 was filed in this office on JULY 23, 1990, and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: JULY 19, 1996

*Victoria Buckley*

SECRETARY OF STATE