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CT CORPORATION SY	STEM			•
Requestor's Name 660 East Jefferson	n Street			
Address	32301 222-1092			
City State Z	ip Phone	10	0000198722 -10/287960104	21
CORPO	PRATION(S) NAME		*****70.00 **	***70.00
	Quest Medical Su	PPLY , I.	24	
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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. Quest Medical Supply, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPA abbreviations of like import in language as will clearly indicate that it is a co or partnership if not so contained in the name at present.)	NY", "CORPORATION", or words or importation instead of a natural person
2. Georgia (State or country under the law of which it is (ncorporated)	3(FEI number, if applicable)
	(rei number, il applicable)
	. 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. 6000 Lake Forest Drive Suite 200. Atlanta, Georgia 303	SECULATION SECULATION OF TAILLAID
(Current mailing address)	28 PH ASSEE
Medical Supply Sales (*) (Purpose(s) of corporation authorized in home state or country to be camed of Florida)	out in the state of LORRIE
9. Name and street address of Florida registered agent:	7
Name: C T Corporation System	
Office Address: Island Road System, 1200 South P	ine
Plantation Florida, 33324 (Zip Code)	_
10. Registered agent acceptance: Having been named as registered agent and to accept service of process for the designated in this application. I hambly accept the application of process for the designated in this application.	above stated corporation at the place
designated in this application. I hereby accept the appointment as registered agreeinther agree to comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligation of my position as registered age	nd complete performance of my didles
C T Corporation System	

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

Mary R. Adams, Asst. Secy.

(FL - 2189 - 11/16/94)

- 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:	Chris Brogdon	
	Address: .	6000 Lake Forrest Drive Suite 20	0.

Atlanta, GA 30328

Address: Edward E. Lane
6000 Lake Forrest Drive, Suite 200
Atlanta, GA 30328

Director: Darrell C. Tucker

Address: 6000 Lake Forrest Drive, Suite 200

Atlanta, GA 30328

Director:

Address:

B. OFFICERS

President: Donald F. Fox

Address: 6000 Lake Forest Drive Suite 200

Atlanta, Georgia 30328

Vice President:

Address:

Secretary: Philip M. Rees

Address: 6000 Lake Forest Drive Suite 200

Atlanta, Georgia 30328

96 OCT 28 PH 12: 52
SECRETARY OF STATE
AND ASSEE, FLORID

	reasurer;	Darrell C. Tucker
	Address:	6000 Lake Forrest Drive, Suite 200
	-	Atlanta. GA 30328
NOTE: If and/or dire	necessary, you m ctors.	nay attach an addendum to the application listing additional officers
13. (Signation	ure of Chairman,	Vice Chairman, or any officer listed in number 12 of the
14	Philip M. Rees,	Secretary
(Typed	or printed name a	and capacity of person signing application)

SECRETARY OF STAIL

Secretary of State Pusiness Information and Services Suite 315. West Tower 2 Marlin Auther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER 1 962970792 CONTROL NUMBER : 9632591 DATE INC/AUTH/FILED: 10/23/1996 JURISDICTION : GEORGIA PRINT DATE 1 10/23/1996 FORM NUMBER 1 0211

CT CORPORATION SYSTEM MEAGHAN D. BEARSS 1201 PEACHTREE ST, NE ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia,

hereby certify under the seal of my office that The Company of the Section of the Se

QUEST MEDICAL SUPPLY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was /authorized to transact business in Georgia on the above date. "Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official (Code of Georgia Annotated has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the 事 可用力 Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. (It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Ferris G. Massey

Lewis A. Massey Secretary of State



April 28, 1997

Dear Accounts Payable Vendor:

As you are aware, Quest Medical Supply, Inc. has been formed as the medical supply distribution division of Contour Medical, Inc. Quest Medical Supply, Inc. has assumed responsibility for Atlantic Medical Supply Co., Inc. AmeriDyne, Inc. and Facility Supply, Inc.

As part of this transition, effective immediately, please address ALL invoices to:

Quest Medical Supply, Inc. Accounts Payable Department P.O. Box 2070 Alpharetta, GA 30023-2070

For your records, the federal identification number for Quest Medical Supply, Inc. is 58-2304143.

Should you ever have a question on unpaid invoices, check status, or payment you have received, please contact our Accounts Payable department at 404-303-6252. Or, you may fax your inquiry to us at 404-303-8586. Please direct questions regarding policy or payment terms directly to me.

Thank you for your cooperation in this transition.

Cordially,

Deborah E. Dyer, CPA

Assistant Controller

DED/ks

JB5-8-97