

F96000006107

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

Janitorial Supply, Inc.

SUBJECT: District Healthcare, Inc.
(Name of corporation - must include suffix)

300001993353--7

-10/31/96--01132--001

*****78.75 *****78.75

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:

W96-2323

Kenneth Hopkins

(Name of Person)

900002015099--2

-11/26/96--01146--021

****600.00 ****600.00

District Healthcare, Incorporated

(Firm/Company)

10302 NW South River Drive

(Address)

Medley, Florida 33178

(City/State/Zip)

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DIVISION OF CORPORATIONS
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11/23

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

Torine Mitchell
(Name of Person)

at (800) 355-1031
(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

November 1, 1996

KENNETH HOPKINS
DISTRICT HEALTHCARE, INCORPORATED
10302 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178

SUBJECT: DISTRICT HEALTHCARE, INC.
Ref. Number: W96000023231

We have received your document for DISTRICT HEALTHCARE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A brief description of the entity's nature of business must be included in the document.

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$600.00.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 496A00050339

**District Healthcare, Inc.
10302 NW So. River Drive, Bay 24
Medley, Florida 33178**

November 20, 1996

**Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314**

**Subject: District Healthcare, Incorporated
Ref. Number: W96000023231
Letter Number: 496A00050339**

**Our brief description of our business is as followed:
District Healthcare Incorporated is a distributors of Disposable Medical
Products & Janitorial Supply, we distribute to all Federal, County Facilities
& Schools Broads. All of our customers are government based, we do not
distribute to private access at all.**

**Enclosed please see attached a check in the amount of \$600.00 to cover the
back annual report(s). Check number 013281, Dated Number 6th, 1996.**

**Should you have any questions, pertaining to the above, please do not
hesitate to call us at (305)888-1455.**

Thank you,

**Kenneth Hopkins
General Manager**

**c.c. Torine Mitchell
files**

Tel. (305)888-1455 Fax (305)888-5834

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. District Healthcare & Janitorial Supply, 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. Delaware
(State or country under the law of which it is incorporated)
3. 52-1755328
(FEI number, if applicable)
4. November 1991
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 1993
(Date first transacted business in Florida. (SEE SECTIONS 607.1301, 607.1302, AND 817.133, F.S.))
7. 10302 NW South River Drive
Medley, Florida 33178
(Current mailing address)
8. See attached
(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: Kenneth Hopkins

Office Address: 10302 NW South River Drive
Medley, Florida, 33178
(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.

Kenneth Hopkins
(Registered agent's signature)

Kenneth Hopkins

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: NA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)President: Pernell J. WilliamsAddress: 9241 Hampton OverlookCapital Heights, Maryland 20743Vice President: Same as above

Address: _____

Secretary: Same as above

Address: _____

Treasurer: Same as above

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. **NOTE:** Pernell J. Williams is 100% ownership.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Pernell J. Williams, President

14. _____

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

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DIVISION OF CORPORATIONS

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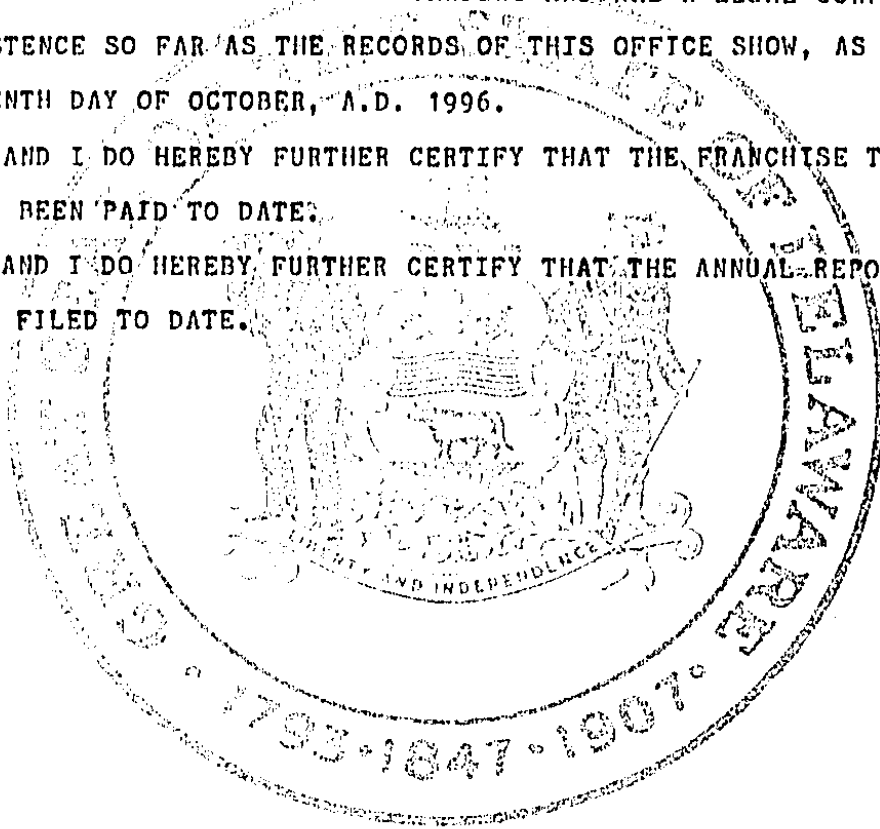
State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISTRICT HEALTHCARE & JANITORIAL SUPPLY, 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 SEVENTH DAY OF OCTOBER, A.D. 1996.

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

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



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DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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960290558

AUTHENTICATION:

8136499

DATE:

10-07-96