

Simple Financial Solutions, Inc.



5777 Beneva Rd. Suite
Tallahassee, FL 32314
(941) 923-0964
FAX (941) 925-4877
NY Satellite Office
(518) 869-2334

02/26/98

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-02/27/98-01057-001
*****70.00 *****70.00

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

Re: American Medical Sales, Inc.

Dear Sirs,

Please find enclosed the application to transact business in Florida for the above captioned corporation. Also enclosed is a check for the required registration fee.

If any further information is needed, please contact me at the address above.

Sincerely,

Daniel L. Frewett, Ph.D.
by: Kristine Page

FILED
98 FEB 27 PM 1:06
TALLAHASSEE, FLORIDA

2/27

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AMERICAN MEDICAL SALES, 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:

DANIEL L. PREWETT
(Name of Person)

SIMPLE FINANCIAL SOLUTIONS, INC.
(Firm/Company)

5777 BENEVA RD SOUTH
(Address)

SACASOTA, FL 34233
(City/State/Zip)

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98 FEB 27 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DANIEL PREWETT at (941) 923-0964
(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


**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. AMERICAN MEDICAL SALES, 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. LOUISIANA 3. 72-1270745
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-11-94 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. FEBRUARY 20TH 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155,))
7. 5637 BENEVA WOODS CIRCLE
SARASOTA, FL 34233
(Current mailing address)
8. TO CONDUCT THE SALE OF MEDICAL SUPPLIES IN FL.
(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: DANIEL L. PREWETT
Office Address: 5777 BENEVA ROS
SARASOTA , Florida , 34233
(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
TALLAHASSEE, FLORIDA

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: THOMAS RUF

Address: 5637 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

Vice Chairman: _____

Address: _____

Director: JUDITH RUF

Address: 5637 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

Director: _____

Address: _____

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

President: THOMAS RUF

Address: 5637 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

Vice President: _____

Address: _____

Secretary: JUDITH RUF

Address: 5637 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

Treasurer: SAME

Address: _____

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

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

14. THOMAS RUF, PRESIDENT
(Typed or printed name and capacity of person signing application)

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90 FEB 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

State of Louisiana



Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
AMERICAN MEDICAL SALES, INC.

A LOUISIANA corporation domiciled at MANDEVILLE,

Filed charter and qualified to do business in this State on
March 11, 1994,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

February 12, 1998

Jox McKeithen

CGR

Secretary of State

