F9800000 3986

DIVISION	Corporations	
SUBJECT:	COLLINS MEDICAL INC. A MASSACHUSETT COF	
SODSECT.	(Name of corporation - must include suffi	x)
Dear Sir or Madan	n:	00002587297 2 -07/13/9801143001 *****70.00 ******70.00
The enclosed "Ap "Certificate of Exi transact business i	plication by Foreign Corporation for Authorization to Transtence", and check are submitted to register the above refer in Florida.	renced foreign corporation to
Please return all c	orrespondence concerning this matter to the following:	
	Diane E. Celia	
	(Name of Person)	·
	COLLINS MEDICAL INC.	
_	(Firm/Company)	(3)/1)
	220 Wood Road	SEGRETARY DIVISION OF CO
_	(Address)	
	Braintree, Massachusetts 02184	3 FARE
_	(City/State/Zip)	7
Should you need	to call someone concerning this matter, please call:	7 30 30 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	E Celia at (781) 843-0610 of Person) (Area Code & Daytime To	
COURIER ADI	DRESS: MAILING ADDI	RESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Tax Lien Section

To:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

as III 13 PH 4: 12

I, the undersigned	MERVYN J BROWN		, do hereby certify
that this Resolution of	the Board of Directors of	COLLINS MEDICAL	INC.
a corporation duly org	ganized and existing under th	e laws of the State o	f_MASSACHUSETTS_,
was duly adopted on _	APRIL, 6TH	, 19 ⁹⁸	
Resolved, that	COLLINS MEDICAL INC	•	,organized
and existing in the Sta	ate of MASSACHUSETTS	, hereby adop	ts the
name	COLLINS MEDICAL INC. A	MASS. CORP.	
for use in Florida.			
		,	
Dated: 4/6/	98		
	Signature of at least of	V	
	Gignature of at least of	THE GIT COLOR	

INHS19(3/95)

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. <u>COLLINS </u>	MEDICAL INC. A MASSACHUSETTS CORPORATION ation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or				
morde or abbrevi	ations of like import in language as will clearly indicate that it is a corporation historic of a				
natural person or	partnership if not so contained in the name at present.)				
•					
2. MASSAC	HUSEUTS 3. <u>04-3409992</u>				
(State or country	HUSETTS 3. 04-3409992 (FEI number, if applicable)				
4. <u>02/2</u> (Date	6/98 5. Perpetual (Duration: Year corp. will cease to exist or "perpention")	on) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
	0.400				
6. <u>04/0</u>	8/98 transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	· · · · · · · · · · · · · · · · · · ·			
		86 !AIC			
7. 220	Wood Road	- E			
Brai	ntree, Massachusetts 02184				
	(Current mailing address)				
		表 混合品			
8. Sale	& Repair of Respiratory Equipment	<u> </u>			
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	N 900			
9. Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept	able)			
Name:	DAVID HILDERBRAND				
Office Address:	1015 COUNTRY CLOSE DR				
Office Address.	22540				
	LUTZ , Florida, 33549 (Zip code)	• .			
	(Zip code)				
10 70 .14					
10. Registered a	gent'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.					
	Les March				
	(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.

, 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: David Malys Address: 220 Wood Road Braintree, Massachusetts 02184 Vice Chairman: Address: Director: Mervyn Brown Address: 220 Wood Road Braintree, Massachusetts 02184 Director: Address: __ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: ____ James McCollum Address: 220 Wood Road Braintree, Massachusetts 02184 Vice President: Address: Secretary: <u>Gregory Britz</u> Address: _ 220 Wood Road Braintree, Massachusetts 02184 Treasurer: ___ Mervyn Brown Address: 220 Wood Road Braintree, Massachusetts 02184____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) MERVYN BROWN - TREASURER

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth State Kouse, Boston, Massachusetts 02133

April 16, 1998

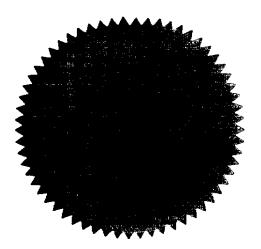
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

Collins Medical Inc.

is a domestic corporation organized on **February 26**, 1998, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

William Menin Gallerin Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

** MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days <u>after</u> the effective date of the merger or consolidation.