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TRANSMITTAL LETTER

SUBJECT: _	Audiolog	ry Solut	me of corpo	nc.	ust includ	a cuffiv)			
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Dear Sir or M						L-144)0268: 11/09/98- ******96.29	-01099 5 ***	***96.2
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Please return	all correspond	ience concer	rning this n	natter to the	: followin	g:			
	John	S. Gree	nebaum.	Attori	nev				
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Should you n	eed to call so	meone conc	erning this	matter, ple	ase call:				
	Thiox		at (50)2 Y	58 <u></u> 5-17	50			
Vicki S	GHIOT								

STREET ADDRESS:

Qualification/Tax Lien Section 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

AX 11/10/98

JOHN S. GREENEBAUM, P.S.C.

Attorney at Law
1930 NATIONAL CITY TOWER
LOUISVILLE, KY 40202
(502) 585-1750
FAX 581-1066

November 4, 1998

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

Re: Audiology Solutions, Inc.

Dear Madam or Sir:

The enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida, and Certificate of Existence dated October 29, 1998 from the Secretary of State of Kentucky are submitted in duplicate original for your filing.

Please return the second set of documents with your file stamp affixed in the attached return envelope. Also requested is a Certificate of Status. Our client's check to cover these fees is enclosed in the amount of \$96.25 payable to Florida Department of State.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Vicki Senior Paralegal

ut Sino

/vs Enclosures

cc: Edward Turney

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. Audiology Solutions, Inc.

_		or partnership if not so contained in the name		
2.	Kentuc	ky ry under the law of which it is incorporated)	3(FEI number, if applicabl	
(Sta	ue or count	ry under the law of which it is incorporated)	(FEI number, if applicabl	le)
4	11/11/	96 5. p	erpetual	
	(D	96 5. pate of incorporation)	Duration: Year corp. will cease to exist or "p	erpetual")
6		98	·	• ,
·	(Date fix	st transacted business in Florida.) (SEE SECT	IONS 607 1501 607 1502 and 817 155 E.S.)	
7.		ndon Lane, Suite 11, Louis	·	
·· —	<u>, </u>	ndon Bane, Barte II, Bours	ville, KY 40222	
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9. Na i	(Purpose me and st Name:	ogy testing, diagnosis & sec(s) of corporation authorized in home state or rect address of Florida registered agent: CT Corporation System	ale of audiological equipmocountry to be carried out in state of Florida)	otable)
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9. Na i	(Purpose me and st Name:	ogy testing, diagnosis & s. e(s) of corporation authorized in home state or reet address of Florida registered agent: CT Corporation System 1200 S. Pine Island Road	country to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acception acceptance acception acceptance acception acceptance ac	otable)
9. Na i	(Purpose me and st Name:	ogy testing, diagnosis & sec(s) of corporation authorized in home state or rect address of Florida registered agent: CT Corporation System	country to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acception acceptance acception acceptance acception acceptance ac	otable) SECRET: 98 NOV -9
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9. Nai	(Purpose me and st Name: Address:	ogy testing, diagnosis & s. e(s) of corporation authorized in home state or reet address of Florida registered agent: CT Corporation System 1200 S. Pine Island Road	country to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acception acceptance acception acceptance acception acceptance ac	otable) SECRETO

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)

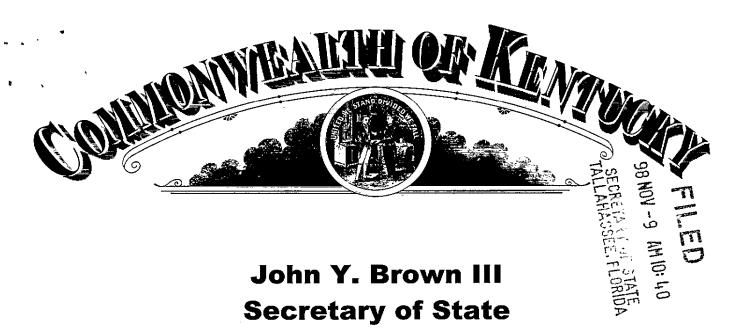
Susan J. Metze, Asst. Sec'y

^{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	accentable)

Address: Director: Suzanne Turney Address: 714 Lyndon Lane, Louisvi Director: Richard Lazich		
Vice Chairman: Address: Director: Suzanne Turney Address: 714 Lyndon Lane, Louisvi Director: Richard Lazich Address: 714 Lyndon Lane, Louisvi	lle, KY 40222	
Director: Suzanne Turney Address: 714 Lyndon Lane, Louisvi Director: Richard Lazich		
Director: Suzanne Turney Address: 714 Lyndon Lane, Louisvi Director: Richard Lazich		
Address: 714 Lyndon Lane, Louisvi Director: Richard Lazich		
Director: Richard Lazich		
•	lle, KY 40222	
Address: 714 Lyndon Lane, Louisvi		
	lle, KY 40222	99 NON
B. OFFICERS (Street address only - P.O. Box NO	T acceptable)	-
President: Thomas Forshee		- 19
Address: 714 Lyndon Lane, Louisvi	lle, KY 40222	
Vice President: Edward Turney Address: 714 Lyndon Lane, Suite 1		
Secretary: Suzanne Turney	•	
Address: 714 Lyndon Lane, Louisvi	lle, KY 40222	
Treasurer: Suzanne Turney		
Address: 714 Lyndon Lane, Louisvi	lle, KY 40222	
NOTE: If necessary, you may attach an addendum to the	application listing additional officers	and/or directors.
13. Signature of Chairman, Vice Chairman,	~PP	
14. Edward Turney, Vice Presi (Typed or printed name	nly	the application)



Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AUDIOLOGY SOLUTIONS, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is November 11, 1996 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29th day of October, 1998.

HN Y. BROWN III

Secretary of State

Commonwealth of Kentucky