

# F98000006254

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: REHAB MED EQUIP. INC

(Name of corporation - must include suffix)

Dear Sir or Madam:

100002675601--4

-10/29/98--01054--001

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

John K. Culpepper

(Name of Person)

Shumacker & Thompson P C.

(Firm/Company)

701 Market Street Suite 500

(Address)

Chattanooga Tennessee 37402

(City/State/Zip)

W98-24606

11/13

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 13 AM 8:51

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

John K Culpepper

(Name of Person)

at ( 423 ) 265 2214

(Area Code & Daytime Telephone Number)

### 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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 29, 1998

JOHN K. CULPEPPER  
SHUMACKER & THOMPSON P.C.  
701 MARKET ST., STE. 500  
CHATTANOOGA, TN 37402

SUBJECT: REHAB MED EQUIP, INC.  
Ref. Number: W98000024606

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We have received your document for REHAB MED EQUIP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 598A00053149

SHUMACKER & THOMPSON  
ATTORNEYS AT LAW

November 9, 1998

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 13 AM 8:51

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

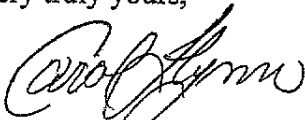
Re: Rehab Med Equip, Inc.  
Reference No.: W98000024606

Dear Sir/Madam:

Enclosed please find a corrected Application by Foreign Corporation for Authorization to Transact Business in Florida. A representative of C T Corporation System, the registered agent, has signed the Application and a Certificate of Existence issued by the Tennessee Secretary of State is enclosed. The remainder of the Application and the \$78.75 filing fee have been retained by the Florida Secretary of State. Also enclosed is a copy of the document return letter from your office dated October 29, 1998.

Please let me know if you need any additional information.

Very truly yours,



Carol D. Flynn, CLA  
Paralegal

:cdf

Enclosures

cc: H. Allen Hughes, Jr.  
John K. Culpepper, Esq.

A PROFESSIONAL CORPORATION

Suite 500, First Tennessee Building  
701 Market Street  
Chattanooga, Tennessee 37402-4800  
Telephone (423) 265-2214  
Telecopier (423) 266-1842

Other Offices:  
Suite 103, One Park Place  
Chattanooga, Tennessee

**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. Rehab Med Equip, 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. Tennessee 3. 62-1261374  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/86 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/26/98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P O. Box 2238 Collegedale, Tennessee 37315

(Current mailing address)

8. To engage in the sales of orthopedic soft goods, clinical supplies and capital equipment to the physical medicine, chiropractic and industrial markets; and to engage  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) in any other lawful business activity.

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.*

C T Corporation System Dale W. Morris

By Dale W. Morris, Asst. Vice President

(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)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: H. Allen Hughes, Jr.

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: William E. King, Jr.

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

Director: Susan M. Hughes

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

(See addendum attached hereto)

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

President: William E. King, Jr.

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Susan M. Hughes

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

Treasurer: William E. King, Jr.

Address: 8823 Production Lane, Ooltewah, Tennessee 37363

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

13. H. Allen Hughes, Jr.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. H. Allen Hughes, Jr., Chairman  
(Typed or printed name and capacity of person signing application)

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**Addendum to Application for Certificate of Authority:**

**Directors**

John Disterdick: 8823 Production Lane, Ootelwah, Tennessee 37363

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Secretary of State  
Corporations Section

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 10/21/1998  
REQUEST NUMBER: 98294147  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/27/1986  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0167257  
JURISDICTION: TENNESSEE

TO:  
DELPHI COMMUNICATIONS, INC.  
500 CHURCH STREET

NASHVILLE, TN 37219

REQUESTED BY:  
DELPHI COMMUNICATIONS, INC.  
500 CHURCH STREET

NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"REHAB MED EQUIP, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/21/98

FROM:  
DELPHI COMMUNICATIONS INC  
500 CHURCH STREET  
ST. CLOUD CORNER  
NASHVILLE, TN 37219-0000

RECEIVED: FEES \$80.00 \$0.00

TOTAL PAYMENT RECEIVED: \$80.00

RECEIPT NUMBER: 00002377941  
ACCOUNT NUMBER: 00005824



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE