

F99000000813

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AABON HOME HEALTH CARE SUPPLY, 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:

ROBERT HARRY
(Name of Person)

AABON HOME HEALTH CARE SUPPLY, INC.
(Firm/Company)

108 JAMES STREET
(Address)

OZARK, ALABAMA 36360
(City/State/Zip)

W99-2527

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

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-02/01/99--0111--010
*****70.00 *****70.00

ROBERT HARRY at (334) 774-7535
(Name of Person) (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

99 FEB 11 PM 1:55
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 1, 1999

ROBERT HARRY
AABON HOME HEALTH CARE SUPPLY, INC.
108 JAMES ST.
OZARK, AL 36360

SUBJECT: AABON HOME HEALTH CARE SUPPLY, INC.
Ref. Number: W99000002527

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DIVISION OF CORPORATIONS
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We have received your document for AABON HOME HEALTH CARE SUPPLY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 299A00004383

**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. AABON HOME HEALTH CARE 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. ALABAMA, DALE
(State or country under the law of which it is incorporated)
3. 63-1041426
(FEI number, if applicable)
4. MARCH 20, 1991
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 15, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. AABON HOME HEALTH CARE SUPPLY, INCORPORATED
108 JAMES STREET, OZARK, ALABAMA 36360
(Current mailing address)
8. RENTAL AND SALE OF HOME MEDICAL EQUIPMENT AND MEDICAL UNIFORMS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: Virginia Ann Cochran
Office Address: 5201 Dogwood Drive
Milton, _____, Florida, 32570
(Zip code)

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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.

Virginia Ann Cochran
(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: ROBERT HARRY

Address: 108 JAMES STREET, OZARK, AL. 36360

Vice Chairman: LOU HARRY

Address: 108 JAMES STREET, OZARK, AL. 36360

Director: JESSE WATSON

Address: 108 JAMES STREET, OZARK, AL. 36360

Director: MAJORIE HARRY

Address: 431 ZETA STREET

GOLDEN COLORADO 80401

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

President: ROBERT HARRY

Address: 108 JAMES STREET
OZARK, AL. 36360

Vice President: JESSE WATSON

Address: 108 JAMES STREET
OZARK, AL. 36360

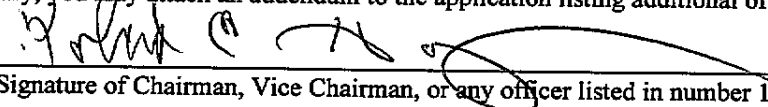
Secretary: KAY LYNN MCGARVEY

Address: 108 JAMES STREET
OZARK, AL. 36360

Treasurer: KAY LYNN MCGARVEY

Address: 108 JAMES STREET
OZARK, ALABAMA 36360

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

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

14. ROBERT HARRY

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

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DIVISION OF CORPORATIONS
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State of Alabama Department of Revenue

Certificate of Good Standing Domestic Corporation

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 11 PM 1:56

I, Cynthia Underwood, Director of the Individual and Corporate Tax Division of the Alabama Department of Revenue, hereby certify that the records of said Alabama Department of Revenue show that, **ACAB AN Home Health Care Supply Inc.**, a domestic corporation, incorporated in Dale County on March 20, 1991, has to date made all returns and paid all domestic corporation franchise tax and permit fee due as required by Sections(s) 40-14-22 and 40-14-40 Code of Alabama 1975, and is in good standing as a domestic corporation.

IN WITNESS WHEREOF, I hereunto set my hand this
date of January 28, 1999.

Cynthia Underwood

Director, Individual and Corporate Tax Division

ATTEST:

[Signature]

Secretary

