

F99000001352

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Critical Care Specialists, 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: 000002791230--2
-03/01/99--01151--002

John M. Nader
(Name of Person)
1400 One Riverfront Plaza
(Firm/Company)
Louisville, Kentucky 40202
(Address)

(City/State/Zip)

W99-5037

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DIVISION OF CORPORATIONS

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

John M. Nader at (502) 584-6137
(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

mtm
3/11

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

Katherine Harris
Secretary of State

March 2, 1999

JOHN M. NADER
1400 ONE RIVERFRONT PLAZA
LOUISVILLE, KY 40202

SUBJECT: CRITICAL CARE SPECIALISTS, INC.
Ref. Number: W99000005037

We have received your document for CRITICAL CARE SPECIALISTS, 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 599A00009433

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DIVISION OF CORPORATIONS
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**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. Critical Care Specialists, 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. Kentucky

(State or country under the law of which it is incorporated)

3. #61-1332606

(FBI number, if applicable)

4. 10-26-94

(Date of incorporation)

5. n/a

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 173 Sears Avenue, Ste 083A

Louisville, Kentucky 40207

(Current mailing address)

8. Engage in the sale and the marketing of medical equipment.

(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: CT Corporation Systems

Office Address: 1200 S. Pine Island Road

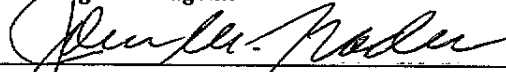
Plantation

, 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.


(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: Katherine Semmes

Address: 173 Sears Avenue, Ste. 083A
Louisville, Kentucky 40207

Vice Chairman: Mary Ann Jose

Address: 841 Hollyridge Drive
Ballwin, MO 63011

Director:

Address:

Director:

Address:

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

President: Katherine Semmes

Address: 173 Sears Avenue, Ste. 083A
Louisville, Kentucky 40207

Vice President: Mary Ann Jose

Address: 841 Hollyridge Drive
Ballwin, MO 63011

Secretary: Mary Ann Jose

Address: 841 Hollyridge Drive
Ballwin, MO 63011

Treasurer: Katherine Semmes

Address: 173 Sears Avenue, Ste. 083A
Louisville, Kentucky 40207

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

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

14. Katherine Semmes, President/Treasurer
(Typed or printed name and capacity of person signing application)

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DIVISION OF REGISTRATIONS
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John Y. Brown III
Secretary of State

Certificate of Existence

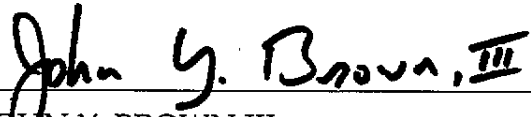
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CRITICAL CARE SPECIALISTS, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is July 31, 1998 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 17th day of February, 1999.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
Tmorgan/0460133

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SECRETARY OF STATE
DIVISION OF RECORDS & ADMINISTRATION