

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LIFELINES MEDICAL SOLUTIONS, 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:

LYNN OATES  
(Name of Person)  
LIFELINES MEDICAL SOLUTIONS, INC.  
(Firm/Company)  
43000 W. NINE MILE RD. SUITE 308  
(Address)  
NOVI, MI 48375  
(City/State/Zip)

FILED  
99 JUN -4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

500002895335-8  
-06/04/99-01069-010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

LYNN OATES at 248-344-9555  
(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

F99-2935

Name	Available
Document	Examiner
Updater	Updater
Updater	Verifier
Updater	Verifier

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

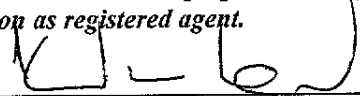
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LIFELINES MEDICAL SOLUTIONS, 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. INDIANA  
(State or country under the law of which it is incorporated)
3. 38-3448951  
(FEI number, if applicable)
4. 01/04/99  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 5/15/99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 43000 W. NINE MILE RD. SUITE 308  
NOVI, MI 48375  
(Current mailing address)
8. MEDICAL EQUIPMENT SALES AND SERVICE  
(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: CORPORATION SERVICE COMPANY
- Office Address: 1201 HAYS ST.  
TALLAHASSEE, Florida, 32301  
(Zip code)

FILED  
99 JUN -4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)  
Asst. Sec. - Corporation Service Company

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: (SAME AS OFFICERS)

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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

President: KATHY SEMMES

Address: 5410 KILLINUR DR.

PROSPECT, KY 40059

Vice President: MARY ANN JOSE

Address: 841 HOLLYRIDGE DR.

BALLWIN, MO 63021

V. P. Secretary: RICHARD WIELAND

Address: 542 W. DUNLAP

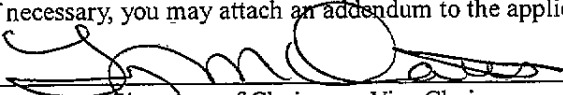
NORTHVILLE, MI 48167

Treasurer: LYNN OATES

Address: 44598 KALI CT.

NOVI, MI 48375

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. LYNN OATES, SEC/TREAS  
(Typed or printed name and capacity of person signing application)

FILED  
99 JUN -4 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

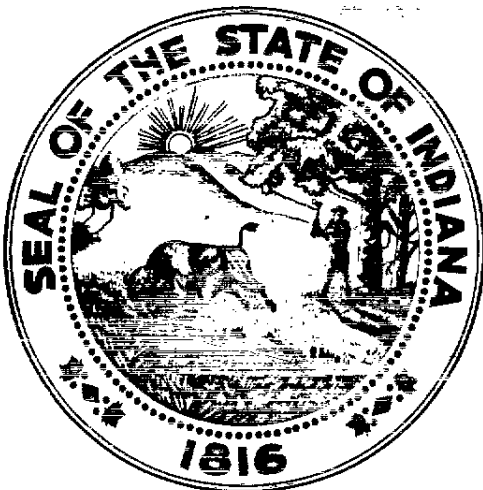
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LIFELINES MEDICAL SOLUTIONS, INC.

filed Articles of Incorporation on January 04, 1999, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-sixth day of February, 1999.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State

*[Signature]*  
Deputy