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CT Corporation System
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

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*****70.00 *****70.00

CORPORATION(S) NAME

Critical Care Concepts, Inc.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ LLC

☐ Limited Partnership

☐ Annual Report

☐ Other UCC Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

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TALLAHASSEE FLORIDA
SECRETARY OF STATE
JERRY BUTTERFIELD

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 Concepts, 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. Delaware
(State or country under the law of which it is incorporated)
3. 52-1521653
(FEI number, if applicable)
4. July 1, 1987
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 3135 Avalon Ridge Place, Suite 200, Norcross, Georgia 30071
(Current mailing address)
8. Sale of medical equipment and related supplies to the critical care business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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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:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____


Address: _____

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Treasurer: _____

Address: _____

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. MICHAEL J. MALLOY
Chairman & CEO
(Typed or printed name and capacity of person signing application)

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ATTACHMENT
TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA
FOR
CRITICAL CARE CONCEPTS, INC.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Director: Michael J. Malloy
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: Robert M. Stonikas
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: James L. Snyder
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: Cabot Brown
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: James E. S. Hynes
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: Reid G. Leggett
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: Christopher Mills
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

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Director: Nelson Schwab, III
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Director: Martin L. Almquist
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

B. OFFICERS

Chief Executive
Officer: Michael J. Malloy
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

President: Robert M. Stonikas
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Chief Financial
Officer and Secretary: R. Lee Robinson
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Senior Vice
President and Chief
Operating Officer: Martin L. Almquist
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Senior Vice President: Scott Minniear
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

Vice President
of Sales: Daniel E. Weyen
Address: c/o Critical Care Concepts, Inc.
3135 Avalon Ridge Place, Suite 200
Norcross, Georgia 30071

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRITICAL CARE CONCEPTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE FLORIDA





Edward J. Freel, Secretary of State

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AUTHENTICATION: 9891106

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DATE: 07-28-99