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C T CORPORATION SYSTEM			
lequestor's Name 660 East Jefferson Street		**************************************	nnn2971286(
Address Tallahassee, FL 32301 (850)222-1092	5.0	0002971286(-08/26/9901064023 ******70.00
City State Zip	Phone		
CORPORATIO	N(S) NAME		<u> </u>
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		<u> </u>	26
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Name Avallability Document	8/26	please R	ETURN EXTRA COPY(S) FILE STAMPED THANKS
Examiner			CONNIE BRYAN
Updater	n 6) f	
Verifler Acknowledgment	1)/\	8/21/94	
W.P. Verifler	•		

CR2E031 (1-89)

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:

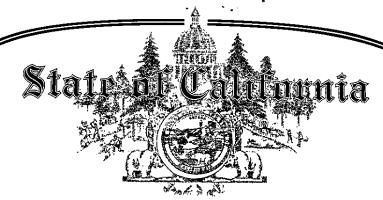
1.	ASD Specialty Healthcare, Inc				25	8		
	(Name of corporation: must inc words or abbreviations of like i natural person or partnership i				ΓΙΟΝ" or nstead of a	STATE OF THE PARTY		
2.	California		3, 75-250142	29	·	<u>ح</u> الله		
	(State or country under the law	of which it is incorporated)		(FEI number, if a	oplicable)			
4.	9/30/93		5 Perpetua					
	(Date of Incorporation)	(Duration: "perp					
6.	7/1/199							
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)							
7.	4000 Metropolitan Drive, Orang	ge, CA 92868		e de la la la l	-			
		(Current mailing	address)		<u> </u>	<u>.</u> <u>1</u> 1		
8.	Distribution of wholesale medical	al products.	- · · · · · · · · · · ·	. 47 +	-	_== T		
	(Purpose(s) of corporation auth	norized in home state or cour	ntry to be carri	ed out in the state of Fl	orida)			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)								
	Name:	C T Corporation System		<u></u>		 		
	Office Address:	1200 South Pine Island Roa				. ۶۰ کستو		
		Plantation		, Florida , 33324				
10.	10. Registered agent's acceptance: (Zip Code)				ode)	· · ·		
regi all	ving been named as regist coration at the place desi istered agent and agree to a statutes relative to the prop accept the obligations of m	ignated in this applica- let in this capacity. I fu- per and complete perfor	uion, I ner urther agree	eby accept the ap	pointment as			

(Registered agent's signature)

onald F. Hickey, A34. Secy.

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: Milan A. Sawdei Address: 4000 Metropolitan Dr., Orange, CA 92868 Vice Chairman: Director: Milan A. Sawdei Address: 4000 Metropolitan Dr., Orange, CA 92868 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Donald R. Roden Address: 4000 Metropolitan Dr., Orange, CA 92868 Vice President: David Weidner, CFO Address: 4000 Metropolitan Dr., Orange, CA 92868 Secretary: Milan A. Sawdei Address: 4000 Metropolitan Dr., Orange, CA 92868 Treasurer: Eric J. Schmitt Address: 4000 Metropolitan Dr., Orange, CA 92868 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. Milan A. Sawdei, Executive Vice President, Chief Legal Officer and Secretary (Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the ______10th _____ day of _______September ______,19 93

ASD SPECIALTY HEALTHCARE, INC.

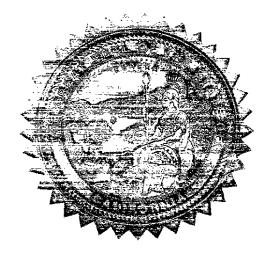
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

August 23, 1999

Billyones

Secretary of State