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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

600002971286-0  
-08/26/99-01064-023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

ASH Specialty Healthcare, Inc.

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DIVISION OF CORPORATIONS  
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BK 8/26/99

**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:*

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1. ASD Specialty Healthcare, 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. California 3. 75-2501429  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 9/30/93 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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, Orange, CA 92868

(Current mailing address)  
Distribution of wholesale medical products.

8. \_\_\_\_\_  
(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: (P.O. Box or Mail Drop Box NOT acceptable)**


Name: C T Corporation System

Office Address: 1200 South 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)  
Donald F. Hickey, Assy. 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: \_\_\_\_\_

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

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

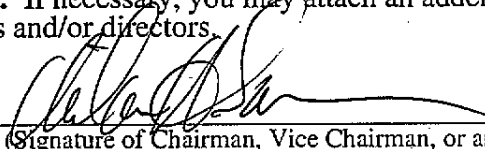
Secretary: Milan A. Sawdei

Address: 4000 Metropolitan Dr., Orange, CA 92868

Treasurer: Eric J. Schmitt

Address: 4000 Metropolitan Dr., Orange, CA 92868

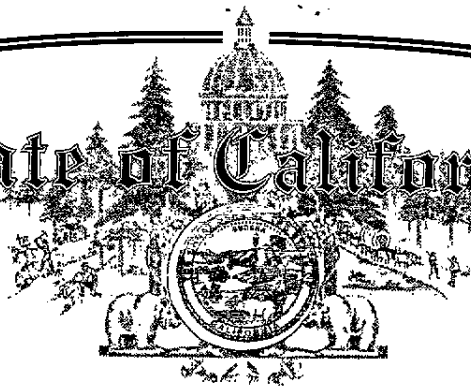
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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)

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# State of California



## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 29 PM 3:51

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



*Bill Jones*

Secretary of State