

F99000005847

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: UROMED, 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:

James A. Weatherford 200003002842-5
(Name of Person) -10/01/99-01063-014
*****87.50 *****87.50

UROMED, Inc. 200003002842-5
(Firm/Company) -10/20/99-01020-001
***3465.00 ***3465.00

5865-F Oakbrook Pkwy.
(Address)

NORCROSS, GA 30093
(City/State/Zip)

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

James A. Weatherford at (770) 446-0072
(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

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SECRETARY OF STATE
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

00855/00310/00734/00192/00672
\$3465.00

~~109-22919~~ 112-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 4, 1999

JAMES A. WEATHERFORD
UROMED, INC.
5865-F OAKBROOK PKWY.
NORCROSS, GA 30093

SUBJECT: UROMED, INC.
Ref. Number: W99000022919

We have received your document for UROMED, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name you have chosen for use in the state of Florida is not available. Please choose another alternate name.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 299A00053260

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 5, 1999

JAMES A. WEATHERFORD
UROMED, INC.
5865-F OAKBROOK PKWY.
NORCROSS, GA 30093

SUBJECT: UROMED, INC.
Ref. Number: W99000022919

We have received your document for UROMED, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$3,465.00.

Please list the street address of each officer/director.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 899A00048203

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. UROMED, 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. GEORGIA 3. 58-2215607
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/17/1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/30/1996
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5865 - F OAKBROOK PARKWAY
NORCROSS, GEORGIA 30093-1835
(Current mailing address)

8. Medical Products Distribution
(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: Dale Santella

Office Address: 2425 ARAPAHO STREET
SARASOTA, Florida, 34231
(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.

Dale Santella
(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.

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TALLAHASSEE, FLORIDA

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)

Director
Chairman:

Keith B. Dorminey

Address: 8490 EDWARDTON Drive
Roswell, GA 30075

Vice Chairman: N/A

Address:

Director: Herbert C. Burns, III

Address: 120 Leeward Run Ct.
Alpharetta, GA 30005

Director: James A. Weatherford, Jr.

Address: 420 Indian Trace Drive
Alpharetta, GA 30201

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

President: ~~Herb~~ Keith B. Dorminey

Address:

Vice President: Herbert C. Burns

Address:

Vice President
Secretary: James A. Weatherford

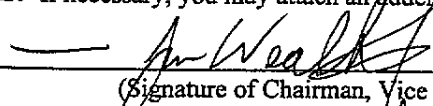
Address:

Treasurer:

Address:

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TALLAHASSEE, FLORIDA

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. Jim A. Weatherford - Vice President
(Typed or printed name and capacity of person signing application)

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned James A. Weatherford Jr., do hereby certify
(Name)

that this Resolution of the Board of Directors of UroMed, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia,

was duly adopted on October 15, 19 99.

Be it resolved, that UroMed, Inc.
(Corporate Name)

organized and existing in the State of Georgia, hereby adopts the name

UroMed ~~Florida~~ Supplies, Inc. for use in Florida.

Dated: 10/15/99

James A. Weatherford Jr.
Signature of either Chairman, Vice Chairman or any officer

James A. Weatherford Jr.
Type or print name

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90550385
CONTROL NUMBER : K601913
DATE INC/AUTH/FILED: 01/17/1996
JURISDICTION : GEORGIA
PRINT DATE : 02/24/1999
FORM NUMBER : 211

UROMED, INC.
5865 F OAKBROOK PKWY.
NORCROSS GA 30093

MAR 1 1999

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

UROMED, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
CATHY COX
SECRETARY OF
STATE
TALLAHASSEE, FLORIDA
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