

I hand you herewith the following:

- a. Certificate of Designation of Registered Agent/Registered Office;
- b. Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida;
- c. My regular account check numbered 11825 in the sum of \$125.00 made payable to the Florida Secretary of State;
- d. Certificate of Good Standing for Wound Care Management LLC in the State of New York.

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FILED

Yours very truly,

WALTER BLA

WB: sr Enc.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2001

WALTER BLACK 98 CUTTER MILL ROAD, SUITE 338 GREAT NECK, NY 11021

SUBJECT: WOUND CARE MANAGEMENT, LLC Ref. Number: W01000017632

We have received your document for WOUND CARE MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 501A00044266

• APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WOUND CARE MANAGEMENT, LLC (Name of foreign limited liability company)	-
2. NEW YORK 3. (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. MARCH 1, 2001 4. MARCH 1, 2001 5. DECEMBER 31, 2050 (Date of Organization) 5. DECEMBER 31, 2050	
6Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	. <u></u> .
7. <u>1101 River Reach Drive, Apt. 505</u> Fort Lauderdale, Florida 33315 (Street address of principal office)	
8. If limited liability company is a manager-managed company, check here	·
9. The name and usual business addresses of the managing members or managers are as follows:	
CATHY A. BRADSHAW	- <u>-</u>
To The Apple 505	
1101 River Reach Drive, Apt. 500 RP Fort Lauderdale, Florida 33315 RP	۔۔ فریتھی۔ : بیتھی۔ :
	records in

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

distribution of durable medicallequipment

 Cathy A. Brachham Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WOUND CARE MANAGEMENT, LLC

2. The name and the Florida street address of the registered agent and office are:

CATHMNA. BRADSHAW	
(Name)	16
1101 River Reach Drive, Apt. 505 Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Fort Lauderdale FL 33315 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CATHY A. (Signature) BRADSHAW

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that WOUND CARE MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/01/2001, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of August two thousand and one.

Special Deputy Secretary of State

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