

MOI 000002215

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September 5, 2001

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

900004608029--8  
-09/24/01--01081--006  
\*\*\*\*125.00 \*\*\*\*125.00

Re: Application for Authorization to Transact Business in Florida  
Dana Diabecare USA, L.L.C.

Gentlemen:

Enclosed please find the following:

1. Application for Authorization to Transact Business in Florida.
2. Certificate of Designation of Registered Agent/Registered Office.
4. A check made payable to the Department of State for your fees the amount of \$125.00.
5. Original Certificate of Existence dated August 30, 2001.

If you have any questions or require additional information, please contact me.

Sincerely,

Hume & Johnson P.A.

*Colette Kull*

Colette Kull  
Legal Assistant

ck/me  
enclosure

MOI-2215  
OK

FILED  
01 SEP 24 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. DANA DIABECARE USA, L.L.C.  
(Name of foreign limited liability company)
2. Louisiana 3. 721506242  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 4, 2001 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2001  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 10191 West Sample Road, Suite 104  
Coral Springs, FL 33065  
(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:

Les Capella	10191 West Sample Road, Suite 104, Coral Springs, FL 33065
Charles D. Starnes	10191 West Sample Road, Suite 104, Coral Springs, FL 33065
Kim Tobias	703 Farming Creek Drive, Simpsonville, SC 29680
Jack Jernigan	573 Topaz Street, New Orleans, LA 70124

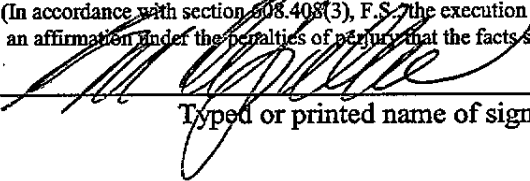
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate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

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

Distribution of insulin infusion pumps and supplies.

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

Les Capella, Managing Member

FILED  
01 SEP 24 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

DANA DIABECARE USA, L.L.C.

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

John Hume

(Name)

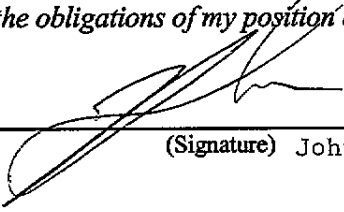
1401 University Drive, Suite 301

Florida street address (P.O. Box **NOT** ACCEPTABLE)

CCoral Springs FL 33071

(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.*

  
(Signature) John Hume

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

FILED  
01 SEP 24 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**

**Jox McKeithen**

**SECRETARY OF STATE**

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Organization of

**DANA DIABECARE USA, L.L.C.**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization  
was issued on June 04, 2001,

I further certify that no Certificate of Dissolution has  
been issued.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

August 30, 2001

*Jox McKeithen*

BME 35097513K

*Secretary of State*

