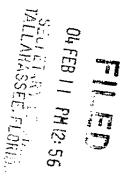
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PRUITT CORPORATION

P.O. BOX 1210 TOCCOA, GEORGIA 30577 PHONE 706 886-8493

February 9, 2004

UNITED PARCEL SERVICE GROUND DELIVERY

Office of Secretary of State Corporations Division 409 E. Gaines Street Tallahassee, FL 32399

RE: United Medical, LLC

To Whom It May Concern:

Enclosed are the following documents to qualify the above-referenced limited liability company in the State of Florida:

- 1. The original and one copy of The Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2. The Certificate of Existence from the State of Georgia dated February 5, 2004.
- 3. Our check payable to the Florida Secretary of State in the amount of \$125.00 for the processing fee.

Once you have had an opportunity to review the enclosed documents, please let me know if there are any questions. Otherwise, please process the application and forward the Certificate in the envelope provided.

Sincerely

Jonell A. Hollis Legal Assistant

JAH/s

Enclosures

c: Marie Proffitt via fax 440-888-6498

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

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:

United Medical,			
the state of the s	(Name of foreign	n Iin	nited liability company)
Georgia		2	Applied For
	aw of which foreign limited liability	٥.	(FEI number, if applicable)
compa	any is organized)		PE
January 29, 2004	<u>1</u>	5	Perpetual 2004
(Date of	Organization)	٥.	(Duration: Year limited liability company will cease to
•	,		exist or "perpetual")
Aniticipated Date	e: April 1, 2004		CO - To The Control of the Control o
		ee s	ections 608.501, 608.502, and 817.155, F.S.)
•	·		
409 E. Doyle Str	eet		
Toccoa, GA 305	577		0,
10000a, GA 500			f principal office)
	(Sucet addic	33 U	i principal office)
If limited liability of	company is a manager-manage	d c	omnany check here
ii iiiiiited habiiity c	ompany is a manager-manage	.u c	ompany, check here [2]
The manner and conse	1 1		min a manufacta an manua area are as fallows.
The name and usua	I business addresses of the ma	ınaį	ging members or managers are as follows:
Neil L. Pruitt. Jr	409 E. Dovle Street, P. C). B	ox 1210, Toccoa, GA 30577
<u>-</u> <u>'</u>	<u> </u>		
<u></u>			
			· · · · · · · · · · · · · · · · · · ·
·			
	· · · · · · · · · · · · · · · · · · ·		lays old, duly authenticated by the official having custody of recor
•	_ , _		copy is not acceptable. If the certificate is in a foreign language, a
translation of the certifi	cate under oath of the translator must	be s	submitted.)
1. Nature of busines:	s or purposes to be conducted	or j	promoted in Florida:
14 - C - 1 5 1			
Medical Equipme	ent and Supply Company	_	
			7 1
	$\sim \sim 11/A$	-	/ L .
	Signature of a member or an	autl	norized representative of a member.
	(In accordance with section 608.408(3)	, F.S	i., the execution of this document constitutes
	an affirmation under the penalties of p	erjur	y that the facts stated herein are true.)
	Neil L. Pruitt, Jr., Member		

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:	:
United Medical, LLC	E. 6
2. The name and the Florida street address of the registered agent and office are:	ALLAKY AHASSE
CT Corporation System	The R in
(Name)	108 17 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
1200 South Pine Island Road	16,50 G
Florida street address (P.O. Box NOT ACCEPTABLE)	
Plantation, FL 33324 (City/State/Zip)	, x

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.

Dale W. Morris
(Signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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