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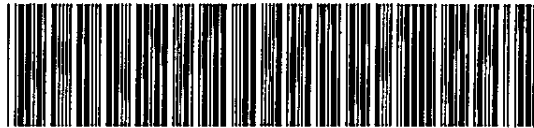
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 13 2004

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July 2, 2004

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Re: Foreign LLC Registration of OxyLife Lake City, LLC

Dear Sir or Madam:


Enclosed for filing with your office is the Application by Foreign LLC for Authorization to Transact Business in Florida for OxyLife Lake City, LLC. Also enclosed are the Acceptance of Appointment as Registered Agent and the Certificate of Good Standing from Ohio.

Our firm check in the amount of \$130 is enclosed to cover the cost of filing the application, designating the Registered Agent, and a Certificate of Status.

Please return the Certificate of Status and a file stamped copy of the application to me at 537 E. Pete Rose Way, Suite 400, Cincinnati, Ohio 45202.

Should you have any questions, please feel free to call me.

Sincerely



Sheri F. Gooden
Legal Assistant

enclosures

cc: Tracy Byrd Jamison, Esq.
Thomas J. Westerfield, Esq.

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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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. OxyLife Lake City, LLC
(Name of foreign limited liability company)
2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3667986 (EIN)
(FEI number, if applicable)
4. 5/15/02
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon authorization to transact business as a result of this application.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 155 N.E. Enterprise Way
Lake City, FL 32055
(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:
- Robert H. Hart, 9403 Kenwood Road, Suite D105, Cincinnati, OH 45242
- Timothy Ford, 5225 Creek Road, Cincinnati, OH 45242
-
-
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: Supply and service
of Respiratory Equipment


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.)

Robert H. Hart
Typed or printed name of signee

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JULIUS H. CORPORATION'S
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:

OxyLife Lake City, LLC

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

Linda Jones

(Name)

155 N.E. Enterprise Way

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

Lake City

FL

32055

(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)

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

F I L L C
2004 JUL -9 PM 4:19
DUNN & CORPORACTIONS
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show OXYLIFE LAKE CITY, LLC., an Ohio Limited Liability Company, Registration Number 1318680, was organized within the State of Ohio on May 15, 2002, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 29th day of March, A.D. 2004*

J. Kenneth Blackwell

Ohio Secretary of State

Validation Number: V200488M61790