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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

98 MAR -4 PM 12:05

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MEDICAL LOGISTICS LLC
(Name of corporation - must include suffix)

700002422697--2
-02/05/98--01085--001
***148.75 ***148.75

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:

ALLAN Columbus
(Name of Person)
MEDICAL LOGISTICS LLC
(Firm/Company)
1451 KASTNER PL Suite 101
(Address)
SANFORD FL 32771
(City/State/Zip)

700002422697--2
-03/13/98--01001--005
***1386.25 ***1386.25

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

ALLAN Columbus at (407) 324 5150
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER 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

42-188.75
Penalty - 1000.00
G. TAX
FILING 250.00
R. AGENT / EE 35.00
V. COPY 61.25
TOTAL 1535.00
N. BANK
BALANCE DUE
REFUND

CORAFORL

698-3004

Name	Responsibility
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acknowledgement	KWM
W. P. Verifier	KWM

3-4 005



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

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DIVISION OF CORPORATIONS

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February 10, 1998

ALLAN COLUMBUS
MEDICAL LOGISTICS LLC
1451 KASTNER PL., STE. 101
SANFORD, FL 32771

SUBJECT: MEDICAL LOGISTICS LLC
Ref. Number: W98000003004

We have received your document for MEDICAL LOGISTICS LLC and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

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 \$1188.75.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

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) 487-6967.

Kenny Manning
Corporate Specialist

Letter Number: 798A00007657

**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. MEDICAL LOGISTICS LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)
2. WISCONSIN 3. 39 1893613
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. April 1997 5. "PERPETUAL"
(Date of Organization) (Duration: Year limited liability company will
cease to exist or "perpetual")
6. November 1 1997
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. P.O. Box 212
BARABOO, WISCONSIN 53913
(Street address of principal office)

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- List name, title, and business address of each managing member[MGRM] or manager[MGR] who
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
ALLAN Columbus	V.P. OPERATIONS		
1451 KASTNER PL	MGRM		
Suite 101, Sanford FL 32771			
Robert Dettmar	V.P.		
1451 KASTNER PL	MGRM		
Suite 101, Sanford FL 32771			

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

MEDICAL LOGISTICS, LLC.

2. The name and address of the registered agent and office is:

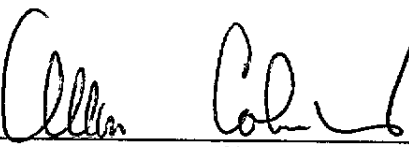
ALLAN COLUMBUS
(Name)

1451 KASTNER PLACE, SUITE 101
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SANFORD, FLORIDA 32771
(City/State/Zip)

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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.


(Signature)

29 JAN 1998
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

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The undersigned member or authorized representative of a member of MEDICAL
LOGISTICS, LLC. deposes and says:

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

\$ 400.00

3) if any, the agreed value of property other than cash contributed by member(s) is
A description of the property is attached and made a part hereto.

\$ 0

④ the amount of cash or property anticipated to be contributed by member(s) is
This total includes amounts from 2 and 3 above.

\$ 400.00

5) the total amount of cash or property anticipated to be contributed by member(s) is

\$ 400.00



Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DFI/CCS/Corp
Fm '33 (DOM)
(7/96)

- Printed on Recycled Paper -

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

MEDICAL LOGISTICS LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is

APRIL 2, 1997.

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I further certify that said company has not filed articles of dissolution with this department.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
the official seal of the Department
on - JANUARY 27, 1998.



Richard L. Dean
Richard L. Dean, Secretary

Department of Financial Institutions

BY:

Dawn Oashgan

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.