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A LIMITED LIABILITY PARTNERSHIP

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DAVID W. CRANSHAW
DIRECT DIAL 404 504-7605

April 1, 1999

VIA FEDERAL EXPRESS

Registration Section
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

300002827793--4

-04/02/99--01049--006

*****293.75 *****293.75

Re: Florida Medical Equipment Services, L.L.C.

Dear Sir or Madam:

Enclosed with this letter are the following items for filing in your office:

- 1) An original and two copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2) An original and two copies of the Affidavit of Membership and Contributions of Foreign Limited Liability Company.
- 3) An original and two copies of the Certificate of Designation of Registered Agent/Registered Office.
- 4) Check made payable to the Florida Department of State for \$293.75 to cover the filing fees and for a Certificate of Status.

FILED
99 APR -2 PM 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11749-511

Name	4-7
Address	
City	
State	
Zip	
Phone	
Fax	
E-mail	
Signature	
Date	

MORRIS, MANNING & MARTIN
A LIMITED LIABILITY PARTNERSHIP

Registration Section
April 1, 1999
Page 2

Please return the letter of acknowledgment, the Certificate of Status and the copies to me in the enclosed, self-addressed, Federal Express Package. Please call me directly at (404) 504-7605 if you have any questions.

Very truly yours,

MORRIS, MANNING & MARTIN, L.L.P.



David W. Cranshaw

DWC/cav
Enclosures
cc: Dr. Robert W. Lennon

FILED
99 APR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. Florida Medical Equipment Services, L.L.C.
(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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. applied for 3/31/99
(FEI number, if applicable)
4. March 26, 1999
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May 1, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 9770 16th Street North
St. Petersburg, Florida 33716
(Street address of principal office)
8. 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:
<u>Robert W. Lennon</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>4071 Paran Pointe Drive</u>		<u></u>	
<u>Atlanta, Georgia 30327</u>		<u></u>	
<u>Rodney McConkey</u>	<u>COO</u>	<u></u>	
<u>9770 16th Street North</u>		<u></u>	
<u>St. Petersburg, FL 33716</u>		<u></u>	
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99 APR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

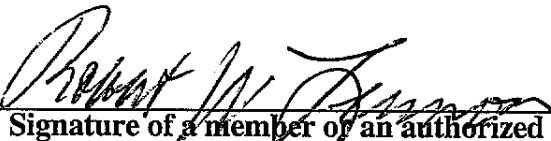
FILED

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

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

The undersigned member or authorized representative of a member of Florida Medical Equipment Services, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 600,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$600,000.
(This total includes amounts from 2 and 3 above.)



Signature of a member or an 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.)

Robert W. Lennon

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

FILED
59 APR -2 PM 5:00
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:

Florida Medical Equipment Services, L.L.C.

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

Rodney McConkey

(Name)

9770 16th Street North

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

St. Petersburg

FL

33716

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

29 APR -2 PM 5:00

FILED

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)

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90891054
CONTROL NUMBER : K913060
DATE INC/AUTH/FILED: 03/26/1999
JURISDICTION : GEORGIA
PRINT DATE : 03/30/1999
FORM NUMBER : 211

MORRIS, MANNING & MARTIN
KARA A. DAVIS
3343 PEACHTREE RD., STE. 1600
ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that,

FLORIDA MEDICAL EQUIPMENT SERVICES, L.L.C.
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State