

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

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-11/16/98--01122--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: KEES-GOEBEL MEDICAL SPECIALTIES, INC.

(Name of corporation - must include suffix)

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:

SYDNEY L. WARM

(Name of Person)

KEES-GOEBEL MEDICAL SPECIALTIES, INC.

(Firm/Company)

9663 GLADES DRIVE

(Address)

HAMILTON, OH 45011

(City/State/Zip)

FILED  
98 NOV 16 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SYDNEY L. WARM

(Name of Person)

at 513-874-2201

(Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
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

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. -KEES-GOEBEL MEDICAL SPECIALTIES CO.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. OHIO 3. 31-0905026  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/22/1977 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 1, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 9663 GLADES DRIVE  
HAMILTON, OH 45011  
(Current mailing address)

8. WHOLESALE SALES OF MEDICAL SPECIALTY EQUIPMENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: TINA D. DONAHUE  
Office Address: 10638 SAMPLE ROAD  
CORAL SPRING, Florida, 33065  
(Zip Code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tina L Donahue  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SYDNEY L. WARM

Address: 5193 BENTLEY OAK DR.

MASON, OHIO 45040

Vice Chairman: HILBERT GOEBEL

Address: 6655 LG SPURLING

PLEASANT PLAIN, OHIO 45162

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SYDNEY L WARM

Address: 5193 BENTLEY OAK DR

MASON, OHIO 45040

Vice President: HILBERT GOEBEL

Address: 6655 LG SPURLING

PLEASANT PLAIN, OHIO 45162

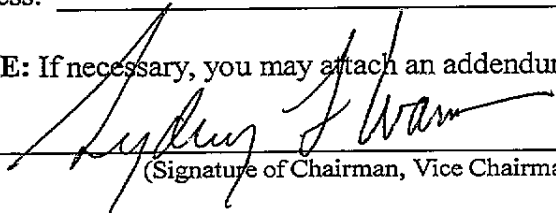
Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SYDNEY L. WARM, PRESIDENT

(Typed or printed name and capacity of person signing application)

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98 NOV 16 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.

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*I, Bob Taft, 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 KEES-GOEBEL MEDICAL SPECIALTIES CO., an Ohio corporation, Charter No. 496901, having its principal location in Cincinnati County of Hamilton, was incorporated on April 22nd, 1977 and is currently in GOOD STANDING upon the records of this office.*

FILED  
1998 NOV 16 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



WITNESS my hand and official  
seal at Columbus, Ohio on  
October 19, 1998

*Bob Taft*

Bob Taft  
Secretary of State