

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

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OFFICE OF THE SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.
2. It is incorporated under the laws of FLORIDA
3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is 11/8/1999 and the period of its duration is perpetual
5. The address of its principal office is 933 CLINT MOORE ROAD, BOCA RATON, FLORIDA 33487
6. The address of its proposed registered office in Rhode Island is 222 JEFFERSON BLVD., SUITE 200
(Street Address, not P.O. Box)
WARWICK, RI 02888 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is NATIONAL REGISTERED AGENTS, INC.
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
MEDICAL SUPPLY DISTRIBUTION

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of its state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
Director		
Director		
Director		
Director		

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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	STEVEN R. SILVERMAN	933 CLINT MOORE ROAD, BOCA RATON, FL 33487
Vice President	LORRI B. SILVERMAN	933 CLINT MOORE ROAD, BOCA RATON, FL 33487
Treasurer	LISA M. PORUSH	933 CLINT MOORE ROAD, BOCA RATON, FL 33487
Secretary		

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

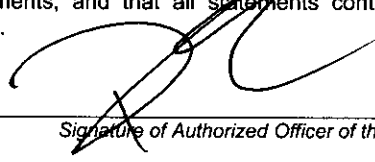
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
1000	A		\$1.00 / SHARE

~~SEE ATTACHED FINANCIALS~~

- 2010
10. (a) \$ 7146.00 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) 0 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}
11. (a) \$ 36,070,168. = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$? < \$250 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
- (c) ? 4.5% = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 1/4/2012


Signature of Authorized Officer of the Corporation

STEVEN R. SILVERMAN

Type or Print Name of Authorized Officer

State of Florida

Department of State

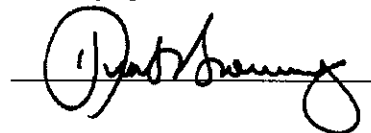
I certify from the records of this office that MED-CARE DIABETIC & MEDICAL SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on November 8, 1999.

The document number of this corporation is P99000098910.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on June 14, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Thirteenth day of December, 2011*



Secretary of State



Authentication ID: 900215163819-121311-P99000098910

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

