

State of Idaho

Office of the Secretary of State

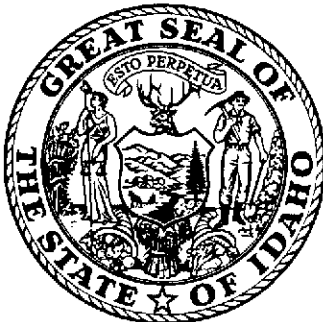
**CERTIFICATE OF AUTHORITY
OF
AM-MED DIABETIC SUPPLIES, INC.**

File Number C 194170

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 28, 2012



Ben Yursa
SECRETARY OF STATE

By *Contha M*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

12 MAR 28 2012
SECRETARY OF STATE
STATE OF IDAHO
EXPEDITE SERVICE

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:
Am-Med Diabetic Supplies, Inc.
2. The name which it shall use in Idaho is: Am-Med Diabetic Supplies, Inc.
3. It is incorporated under the laws of: Florida
4. Its date of incorporation is: 06/26/2002
5. The address of its principal office is:
5180 West Atlantic Avenue - Suite 107 Delray Beach, FL 33484
6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 1423 Tyrell Lane - Boise, ID 83706
and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Keith Aronoff</u>	<u>President & Director</u>	<u>5180 W Atlantic Ave - Delray Beach, FL</u>
<u>David Soblick</u>	<u>VP & Director</u>	<u>5180 W Atlantic Ave - Delray Beach, FL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 03/23/2012

Signature: _____

Typed Name: David Soblick

Capacity: Vice President

[The signer must be a director or an officer of the corporation.]

Customer Acct # : _____

(if using pre-paid account)

Secretary of State use only

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form\app\cert\authority_form.pdf
Revised 06/2005

IDAHO SECRETARY OF STATE
03/28/2012 05:00
CK: 1065 CT: 268657 DN: 1317312
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

11/11/12

State of Florida

Department of State

I certify from the records of this office that AM-MED DIABETIC SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on June 26, 2002.

The document number of this corporation is P02000070352.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 6, 2012, 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
Sixteenth day of March, 2012*

Ken Detmer

Secretary of State



Authentication ID: 900225011279-031612-P02000070352

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

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