92872



CERTIFICATE OF AUTHORITY OF

| CULF SOUTH | MEDICAL SUPP | LY, INC. | |
|----------------|--------------|----------|--|
| | | | |
| | | | |

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that

| duplicate originals of an Application of <u>GULF SOUTH MEDICAL SUPPLY</u> , INC. |
|---|
| for a Certificate of Authority to transact business in this State, |
| duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have |
| been received in this office and are found to conform to law. |
| ACCORDINGLY and by virtue of the authority vested in me by law. I issue this Certificate of |
| Authority to GULF SOUTH MEDICAL SUPPLY, INC. |
| to transact business in this State under the name GULF SOUTH MEDICAL SUPPLY. |
| and attach hereto a duplicate original of the Application |
| for such Certificate. |

Dated July 23, 1990



CECRETARY OF STATE

SECRETARY OF STATE

Corporation Cherk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

| To the | Secretary | of State | of Idaho | |
|--------|-----------|----------|-----------|--|
| IO INC | SCUICIAIV | OI STATE | OI IGAIIO | |

| Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certi | ficate of |
|---|-----------|
| Authority to transact business in your State, and for that purpose submits the following statement: | |

1. The name of the corporation is Gulf South Medical Supply, Inc. 2. The name which it shall use in Idaho is Gulf South Medical Supply. Inc. (To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.) 3. It is incorporated under the laws of Mississippi 4. The date of its incorporation is May 7. 1982 _____ and the period of its dufation 99 years 5. The address of its principal office in the state or country under the laws of which it is incorporated is 426 Christine Drive, Ridgeland, Mississippi 6. The address to which correspondence should be addressed, if different from that in item 5. Steve H. Smith, P.O. Box 961, Jackson, Mississippi 39205-0961 7. The street address of its proposed registered office in Idaho is 300 North 6th Street, Boise, Idaho 83701 _____, and the name of its proposed registered agent in Idaho at that address is C T CORPORATION SYSTEM 8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are: To conduct and carry on the business of selling medical equipment, supplies and other operating supplies to health care facilities. 9. The names and respective addresses of its directors and officers are:

| Office | Address | |
|----------------|---------------------------------------|---------------|
| Director | 426 Christine Dr., Ridgeland MS 391 | . \$7 |
| Dir/President | 426 Christine Dr., Ridgeland MS 391 | . \$ 7 |
| Dir/Sec/Treas. | 426 Christine Dr., Ridgeland MS 391 | .\$7 |
| | · · · · · · · · · · · · · · · · · · · | İ |
| | | |
| | Director Dir/President | |

(continued on reverse)

| Name | Office | Address |
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| 0. The corporation accepts and | shall comply with the provisi | ons of the Constitution and the laws of the State o |
| Idaho. | | |
| ated: June 30 , 1990 | | |
| | Gulf Sou | th Medical Supply, Inc. (Corporation Name) |
| • | 750 | L dla 1 |
| | By / /// Its | President/Vice President (please specify) |
| | and Musik | 1. Edward |
| | lts | Secretary (please specify) |
| TATE OF MISSISSIPPI |)) ss: | |
| OUNTY OF HINDS | <u> </u> | |
| I, Fox | eymon | , a notary public, do hereby certify that on |
| is 30 th da | y of June | , 19 <u>90</u> , personally appeared before |
| e Thomas G. Hixon | | ho being by me first duly sworn, declared that (s)he |
| | • | |
| the President | of Gull South | h Medical Supply, Inc. |
| | | |
| nat 160he signed the foregoing doc | | t of the corporation and that |
| ne statements therein contained a | re true. | |
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| | | 7, f |
| | Fon | e Deigmon |
| | 7 | Notary Public |

My Commission Expires April 21, 1992

STATE OF MISSISSIPPI



RECEIVED SEC. OF STATE

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SECRETARY OF STATE DICK MOLPUS

CERTIFICATE OF EXISTENCE/AUTHORITY

DICK MOLPUS, Secretary of State of the State of Mississippi, and, as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on 05/07/1982 the state of Hississippi issued a Charter/Certificate of Authority to:

GULF SOUTH MEDICAL SUPPLY, INC.

That the state of incorporation is: MISSISSIPPI

That the period of duration is: 099 YEARS

That, according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That, according to the records of this office, a current Annual Report has been delivered to the Secretary of State's office.

I further certify that all fees, taxes, and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office 06/06/1990

DICK HOLPUS

Secretary of State