

# *State of Idaho*

Office of the Secretary of State

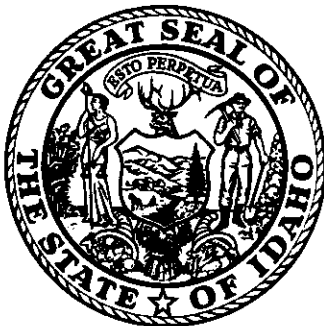
**CERTIFICATE OF AUTHORITY  
OF  
MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.**

File Number C 198459

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: May 14, 2013



*Ben Yursa*

SECRETARY OF STATE

By

*Penda Corbus*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2013 MAY 15 PM 2:26

SECRETARY OF STATE  
STATE OF IDAHO

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

- The name of the corporation is:  
MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.
- The name which it shall use in Idaho is: MED-CARE DIABETIC & MEDICAL SUPPLIES, INC
- It is incorporated under the laws of: FLORIDA
- Its date of incorporation is: 11/08/1999
- The address of its principal office is:  
933 CLINT MOORE RD, BOCA RATON, FL 33487
- The address to which correspondence should be addressed, if different from item 5, is:  
N/A
- The street address of its registered office in Idaho is: 921 S ORCHARD STREET, SUITE G, BOISE  
and its registered agent in Idaho at that address is: NATIONAL REGISTERED AGENTS, INC.
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>DR. STEVEN R. SILVERMAN</u>	<u>PRESIDENT</u>	<u>933 CLINT MOORE RD, BOCA RATON</u>
<u>LORRI B. SILVERMAN</u>	<u>VP/SECRETARY</u>	<u>933 CLINT MOORE RD, BOCA RATON</u>
<u>LISA M. PORUSH</u>	<u>VP/TREASURER</u>	<u>933 CLINT MOORE RD, BOCA RATON</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated 5/13/13

Signature: \_\_\_\_\_

Typed Name: DR. STEVEN R. SILVERMAN

Capacity: 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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Revised 06/2005

IDAHO SECRETARY OF STATE  
05/15/2013 05:00  
CK: 7987 CT: 265714 BH: 1374089  
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Web Form

C198459



MED-CARE DIABETIC & MEDICAL SUPPLIES INC.  
933 CLINT MOORE ROAD  
BOCA RATON, FL 33487  
800-407-0109



## **BOARD OF DIRECTORS AND OFFICERS**

**Dr. Steven R. Silverman**, President/Director

3234 Harrington Drive  
Boca Raton, Florida 33496  
DOB: 04/18/1956  
SS#: 061-50-4395

**Lorri B. Silverman**, Vice President/Secretary/Director

3234 Harrington Drive  
Boca Raton, Florida 33496  
DOB: 02/27/1958  
SS#: 107-52-6949

**Lisa M. Porush**, Vice President/Treasurer/Director

3776 Coventry Lane  
Boca Raton, Florida 33496  
DOB: 07/22/1963  
SS#: 290-70-6470

# *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, 2013, that its most recent annual report/uniform business report was filed on January 7, 2013, 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 the State of Florida  
at Tallahassee, the Capital, this  
the Third day of May, 2013*



*Ken Detmer*  
**Secretary of State**

Authentication ID: CU9458450098

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

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