

P00000564 32
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2000 JUN 12 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Treasure Coast Medical, Inc.
(Proposed corporate name - must include suffix)

400003285104--6
-05/12/00--01091--018
*****78.78 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mark Neary
Name (Printed or typed)

227 BRAVADO LANE
Address

PALM BEACH SHORES FL 33404
City, State & Zip

(1-800-257-1613) - (561) 863-7742
Daytime Telephone number



Mark & Stephanie Neary
227 Bravado Ln.
Palm Bch Shrs, FL 33404-8204

NOTE: Please provide the original and one copy of the articles.

bc
W 74158

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S..(Profit)...

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Treasure Coast Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

227 Bravado Ln.
Palm Beach Shores, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical equipment sales

ARTICLE IV SHARES

The number of shares of stock is:

100-

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Mark Neary (President)
227 Bravado
Palm Beach Shores, FL 33404

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Mark Neary
227 Bravado
Palm Beach Shores, FL 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Mark Neary
227 Bravado
Palm Beach Shores, FL 33404

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

Mark T Neary
Signature/Registered Agent

5/30/00
Date

Mark T Neary Mark T Neary
Signature/Incorporator

5/30/00
Date