

P04000023999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

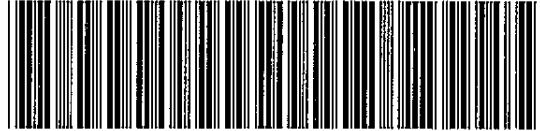
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE SECRETARY OF STATE
CORPORATIONS/LLP/AS SEE FLORIDA
TALLAHASSEE, FLORIDA

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2-6



EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE: 101

Address

CORAL GABLES, FL 33134 305-444-4994

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. VSH Medical Equipment Sales And Rentals, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

V & H MEDICAL EQUIPMENT SALES AND RENTALS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

633 NE 167 STREET-STE 517
NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL EQUIPMENT SALES & RENTALS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GARDENIA DIAZ (P/D) 633 NE 167 ST-STE 517-NORTH MIAMI BEACH, FL 33162
VICENTA A. POLLAK (D) 633 NE 167 ST-STE 517-NORTH MIAMI BEACH, FL 33162
HILDA M. GOMEZ (D) 633 NE 167 ST-STE 517-NORTH MIAMI BEACH, FL 33162

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GARDENIA DIAZ
633 NE 167 ST-STE 517
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARDENIA DIAZ
633 NE 167 ST-STE 517
NORTH MIAMI BEACH, FL 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gardenia Diaz
Signature/Registered Agent

02-02-2004
Date

Gardenia Diaz
Signature/Incorporator

02-02-2004
Date

FILED
04 FEB -3 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA