

Division of Corporations
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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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04 MAY -3 AM 8:24
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

A & M MEDICAL SUPPLY INC.

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5/4/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 30, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: A & M MEDICAL SUPPLY INC.
REF: W04000016678

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

→ The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Tim Burch
Document Specialist
New Filings Section

FAX Aud. #: H04000093314
Letter Number: 104A00029445

ED
04 MAY -3 AM 8:24
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

A&M MEDICAL SUPPLY OF MIAMI, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A & M MEDICAL SUPPLY OF MIAMI, INC

The principal place of business of this corporation shall be:

930 Hialeah Dr.
Unit 11, 12
BHialeah, FL 33010

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ANNARELLA I. GARCIA	DIRECTOR
641 E. 41 ST.	
HIALEAH, FL. 33013	
MANUEL A. RODRIGUEZ	DIRECTOR
641 E. 41 ST.	
HIALEAH, FL. 33013	

ARTICLE VI INCORPORATOR(S)

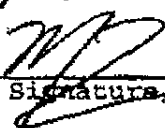
The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ANNARELLA I. GARCIA	PRESIDENT (50 shares)
641 E. 41 ST.	
HIALEAH, FL. 33013	
MANUEL A. RODRIGUEZ	SECRETARY & TREASURER (50 shares)
641 E. 41 ST.	
HIALEAH, FL. 33013	

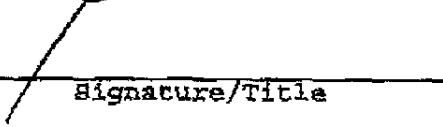
The undersigned has(have) executed these Article of Incorporation this 28th. day of April, 2004.



Signature/Title



Signature/Title



Signature/Title

04 MAY -3 AM 8:24

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:___

A & M MEDICAL SUPPLY OF MIAMI, INC.

2. The name and address of the registered agent and office

is ANNABELLA L. GARCIA

(Name)

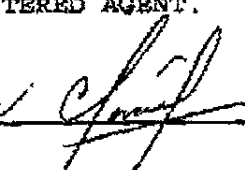
641 E. 41 ST.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33133

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 04-28-2004