

P08000088719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

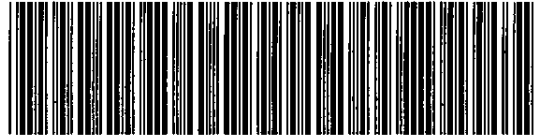
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 SEP 29 A 9 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2008
D. A. WHITE

COVER LETTER

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

SUBJECT: Barber Medical, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Douglas P. Barber

Name (Printed or typed)

3003 Cypress Creek Dr. E

Address

Ponte Vedra, FL 32082

City, State & Zip

(904) 716-8018

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2008

DOUGLAS P. BARBER
3003 CYPRESS CREEK DR. E
PONTE VEDRA, FL 32082

SUBJECT: BARBER MEDICAL, INC.
Ref. Number: W08000043920

We have received your document for BARBER MEDICAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 508A00051038

ARTICLES OF INCORPORATION

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

FILED

2009 SEP 29 A 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Barber Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3003 Cypress Creek Dr. E
Ponte Vedra, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

In order to facilitate sales of medical equipment.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Douglas P. Barber, P
3003 Cypress Creek Dr. E
Ponte Vedra, FL 32082

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Douglas P. Barber
3003 Cypress Creek Dr. E
Ponte Vedra, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Douglas P. Barber
3003 Cypress Creek Dr. E
Ponte Vedra, FL 32082

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

Douglas P. Barber

Signature/Registered Agent

9/25/08

Date

Douglas P. Barber

Signature/Incorporator


9/25/08

Date

STATEMENT OF REGISTERED AGENT

I hereby am familiar with and accept the duties and responsibilities of Registered Agent for Barber Medical Inc.

Douglas P. Barber
3003 Cypress Creek Drive East
Ponte Vedra, Florida 32082



Douglas P. Barber
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA