

H95000029527

F10
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

HIALEAH FL 33013-
CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (305) 541-4015

(((H95000004240)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: D&C MEDICAL EQUIPMENT, INC.
FAX AUDIT NUMBER: H95000004240
DATE REQUESTED: 04/13/1995
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95 APR 14 PM 1:11
TALLAHASSEE, FLORIDA

[Handwritten Signature]
4/14

19:31:11



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

April 14, 1995

R & R ACCOUNTING & TAX SERVICE

SUBJECT: D & C MEDICAL EQUIPMENT, INC.
REF: W9500008013

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with this cover sheet

Please re-send page 1 of the Articles.

Please return 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 (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H9500004240
Letter Number: 395A00017177

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

#95000004240

ARTICLES OF INCORPORATION

OF

D & C MEDICAL EQUIPMENT, INC.

FILED
05/13/14 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: **D & C MEDICAL EQUIPMENT, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

21 East 61 Street
Hialeah, FL 33013

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Isis Cesar
21 East 61 Street
Hialeah, FL 33013

Prepared by:
Isis Cesar
21 East 61 St.
Hialeah, FL 33
(305) 648-4242

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ARTICLE V INCORPORATOR(S)

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

Isis Cesar, President
21 East 61 Street
Hialeah, FL 33013

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of April, 1995.

X Isis M Cesar
Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: D & C MEDICAL EQUIPMENT, INC.

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

Isis Cesar
(Name)
21 East 61 Street
(P.O. Box not acceptable)
Hialeah, FL 33013
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X Isis M Cesar
(Signature)

April 10, 1995

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

H95000004240

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

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96 NOV -4 PM 1:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

DOCUMENT # P95000029527 (5)

1. Corporation Name

D & C MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

21 EAST 61ST STREET
 HIALEAH FL 33013

21 EAST 61ST STREET
 HIALEAH FL 33013

3. Date Incorporated or Qualified **04/14/1995** 3a. Date of Last Report

4. FEI Number **65-0552793** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CESAR, ISIS
 21 EAST 61ST STREET
 HIALEAH FL 33013

Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, I, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Isis Cesar

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME P
 CESAR, ISIS
 STREET ADDRESS 21 EAST 61ST STREET
 CITY-ST-ZIP HIALEAH FL 33013

1.1 TITLE Change Addition
 1.2 NAME 600001997425--4
 1.3 STREET ADDRESS -11/06/96--01026--023
 1.4 CITY-ST-ZIP ***375.00 ***375.00

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Isis Cesar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)