7970000539K

Reque 890 S.W. 87 AV MIAMI, FLORIDA	A 33174 (305)552-5973	2000022158123 -06/18/9701062016
City/State/Zip LOCAL REPRESE	Phone # NTATIVE TALLAHASSEE	- ****122.50 ****122.50 Office Use Only
CORPORATION NA	AME(S) & DOCUMENT NU	1 MBER(S), (if known):
1. I MED (Corpora	EQUIPMENT (I	Supplies CORP
(Corpora	ition Name) (I	Document #)
3. (Corpore	ation Name) (l	Document #)
4. (Cornors	ation Name) (Document #)
Walk in	Pick up time 9,00 Will wait Photocopy	Certificate of Status
NEW FILINGS	Amendment	
NonProfit	Resignation of R.A., Officer/D	
Limited Liability	Change of Registered Agent	<u> </u>
Domestication	Dissolution/Withdrawal	23
Other	Merger	
Annual Report Fictitious Name Name Reservation	Foreign Limited Partnership Reinstatement	RECEIVED 97 JUN 18 AH 10: 34 DIVISION OF CORPORATION
	Trademark Other	2 -

K.R. JUN 1 8 1997

Examiner's Initials

CR2E031(1/95)

ARTICLES OF INCORPORATION OF THE PROPERTY OF T

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:

I MED EQUIPMENT & SUPPLIES CORP.

ARTICLE II PRINCIPAL OFFICE

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

9517 west Flagler Street # 194 Miami,FL 33174

ARTICLE III SHARES

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

ONB (1)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROSA ECHEGARAY
9517 West Flagler Street # 194
Miami FL 33174

ARTICLE V INCORPORATOR(S)

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

ROSA ECHEGARAY 9517 west Flagler Street #194 Miami, FL,33174

ARTICLE VI DIRECTOR(S)

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

ROSA ECHEGARAY (9517 west Flagler Street #194 Miami FL 33174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this __06______, 19__97.

Signature

Signature

Signature

Articles of incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

The na	me of the corporation is: I MED EQIPMENT & SUPPLies cor
The na	me and address of the registered agent and office is:
F	OSA_ECHEGARAY (NAME)
	, ,
9	1517 West Flagler Street # 194 (P.O. BOX <u>NOT</u> ACCEPTABLE)
	1iami "FL 33174
	(CITY/STATE/ZIP)

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.

SIGNATURE Box &	·=1		
DATE06-16-1997	VECKE IN	97 JUN	71
	STE STATE	8 PH 2: 23	IL ED

REGISTERED AGENT FILING FEE: \$35.00