P97000056708

TRANSMITTAL LETTER

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

SUBJECT: Business Medical Enterprises, Inc.
(Proposed corporate name - must include suffix)

500002223985--4
-06/26/97--01078--006
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☑ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FILED
97 JUN 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Adam A. Bianchini, MD
Name (printed or typed)

4440 Camrose Lane
Address

West Palm Beach FL 33413
City, State & Zip

→ (561) 697 4788
Daytime Telephone number

JUN 27 BSB

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

ARTICLES OF INCORPORATION

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97 JUN 26 AM 11:08
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:

Business Medical Enterprises, INC.

ARTICLE II PRINCIPAL OFFICE

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

4440 Camrosa Lane
West Palm Beach FL 33413

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundred (100) shares of One Dollar ($1.00) par value common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adam A. Bianchini, MD
4440 Camrose Lane
West Palm Beach FL 33413

ARTICLE V. INCORPORATOR(S)

See instructions for officers/directors

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

Adam A. Bianchini, MD
4440 Camrose Lane
West Palm Beach FL 33413

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

27 day of May, 19 97.

(An additional article must be added if an effective date is requested.)

→ _____
Signature

_____
Signature

_____
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Business Medical Enterprises, Inc.

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

Adam A. Bianchini, MD
(NAME)

4440 Camrose Lane
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

West Palm Beach FL 33413
(CITY/STATE/ZIP)

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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.

→ _____ 5/27/97
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314