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Florida Department of State
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To:

Division of Corporations
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From:

Account Name : ALAN C. KAUFFMAN & ASSOCIATES, P.A.
Account Number : I20000000290
Phone : (561) 394-7600
Fax Number : (561) 394-0891

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FLORIDA PROFIT CORPORATION OR P.A.

ALEXA MEDICAL SUPPLY CORPORATION

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

W-15147

**ARTICLES OF INCORPORATION OF
ALEXA MEDICAL SUPPLY CORPORATION**

The undersigned subscriber to these Article of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida.

ARTICLE I - NAME

The name of the corporation shall be: Alexa Medical Supply Corporation

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The street address of the principal office of the corporation office shall be:

3215 South Ocean Blvd.
Suite 706
Highland Beach, FL 33487

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent of the Corporation in the state of Florida shall be:

Alan C. Kauffman & Associates
The Plaza, Suite 1102
5355 Town center Rd
Boca Raton, FL 33486

A written statement as prescribed by the Florida Department of State pursuant to Section 607.0501(3), is attached to these Articles of Incorporation.

ARTICLE IV - STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock.

ARTICLE V - NATURE OF BUSINESS

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

ARTICLE VI - TERM OF EXISTENCE

This corporation shall exist perpetually

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ARTICLE VI - INCORPORATOR

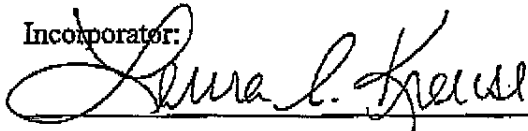
The name and address of the incorporator is:

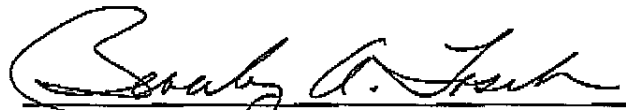
Laura A. Krause
3215 South Ocean Blvd.
Suite 706
Highland Beach, FL 33487

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 27th day of June, 2001.

Incorporator:





NOTARY PUBLIC-STATE OF FLORIDA



Beverly A Toech

My Commission CC953948

Expires July 09, 2004

[Print, type, or stamp commissioned name of notary.]

☒ Personally known
☐ Produced identification
☐ Type of identification produced _____

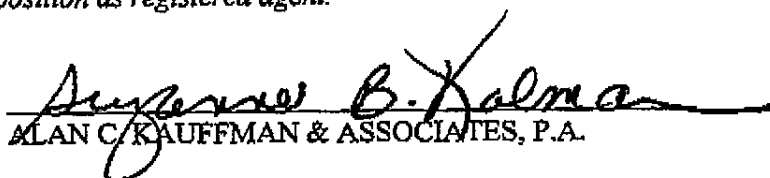
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is:
2. The name and the Florida street address of the registered agent are:

Alan C. Kauffman & Associates, P.A.
5355 Town Center Road, Suite 1102
Boca Raton, Florida, 33486.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in the 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.


ALAN C. KAUFFMAN & ASSOCIATES, P.A.

BY: Suzanne Kalman, Esq.

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