

TRANSMITTAL LETTER

**P00000033630**

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

FILED  
00 APR -3 PM 3:34  
STATE OF FLORIDA  
700003181927-6  
-03/23/00-01106-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: DISCOUNT MEDICAL, INC.  
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: DIANE THOMAS  
Name (Printed or typed)  
199 E. BOCA RATON ROAD, STE 6  
Address  
BOCA RATON, FL 33432  
City, State & Zip  
561.416.3053  
Daytime Telephone number

789,2544,2551,2550  
w/00-8260

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

D. BROWN APR - 3 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 28, 2000

DIANE THOMAS  
199 E. BOCA RATON ROAD  
SUITE 6  
BOCA RATON, FL 33432

SUBJECT: DISCOUNT MEDICAL SUPPLY, INC.  
Ref. Number: W00000008260

3/31/00  
Please change to  
Discount medical, INC.  
Thank you.  
Diane

We have received your document for DISCOUNT MEDICAL SUPPLY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the 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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 700A00017093

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

DISCOUNT MEDICAL, INC.

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

199 E. BOCA RATON ROAD  
SUITE 6  
BOCA RATON, FL 33432

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAIL ORDER MEDICAL SUPPLY

## ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$.01 PER SHARE

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

JOEL WESTERMARSH  
1040 SALMON ISLES  
GREENACRES, FL 33413

ANDREW F. THOMAS  
42 SW 15TH AVE  
BOCA RATON, FL 33486

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

DIMME THOMAS  
199 E. BOCA RATON RD, SUITE 6  
BOCA RATON, FL 33432

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

DIMME THOMAS  
199 E. BOCA RATON RD, SUITE 6  
BOCA RATON, FL 33432

\*\*\*\*\*

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.

Diane Z Thomas

Signature/Registered Agent

3/20/00

Date

Diane Z Thomas

Signature/Incorporator

3/20/00

Date