

P 000000 46209

TRANSMITTAL LETTER

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

900003240279--5
-05/05/00-01022-006
*****78.75 *****78.75

Subject: WEST SIDE MEDICAL EQUIPMENT, INC.
(Proposed corporate name - must include suffix)

FILED
00 MAY -5 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

() \$70.00
Filing Fee

(X) \$78.75
Filing Fee
& Certificate

() \$122.50
Filing Fee
& Certified Copy

() \$131.25
Filing Fee
Certified Copy
& Certificate

FROM: YOJADNE A. DELGADO

963 W. 43 STREET
Address

HIALEAH, FL 33012
City, State & Zip

305-698-8686

Daytime Telephone number

F. CHEN MAY 9 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WEST SIDE MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPLE OFFICE

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

5018 W. 12 AVE., HIALEAH, FL 33012

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**YOJADNE A. DELGADO
963 W. 43 STREET
HIALEAH, FL 33012**

ARTICLE V INCORPORATORS

The name and address of the incorporator to these Articles of Incorporation are:

**YOJADNE A. DELGADO
963 W. 43 STREET
HIALEAH, FL 33012**



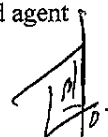
Signature/Incorporator

_____ 5/3/00

Date

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

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/Registered Agent

_____ 5/3/00
Date

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TALLAHASSEE, FLORIDA