

TRANSMITTAL LETTER

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

es. 14
7/12/00

ARTICLES OF INCORPORATION

FILED

00 JUL 10 AM 11:17

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:

Four Corners Medical Equipment Sales, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Four Corners Medical Equipment Sales, Inc.
6541 44th St. N.
Unit # 6005
Pinellas Park, FL
33781

ARTICLE III SHARES

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

One Thousand Shares Of Common Stock With A Par Value
Of One Dollar Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephen Smith
6541 44th St. N.
Unit # 6005
Pinellas Park, FL
33781

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):

Stephen Smith
6541 44th St. N.
Unit # 6005
Pinellas Park, FL
33781

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

29th day of June, 2000.

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

x 

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**

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00 JUL 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Four Corners Medical Equipment Sales, Inc.

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

Stephen Smith

(NAME)

6541 44th St. N. Unit #6005

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pinellas Park, FL 33781

(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.

x 
(SIGNATURE)

6/20/00
(DATE)