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AZARUS CORPORATE FILING SERVICE	10100
(Requestor's Name) 3320 S.W. 87 AVENUE	0000034218404
(Address) MIAMI, FLORIDA (305)552-5973	-10/11/0001052010 *****78.75 ******78.75
(City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	• •
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM!	
1. 24 HOUR MEDICAL SUP	PPLY INC. AS 8
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
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ARTICLES OF INCORPORATION

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:

24 HOUR MEDICAL SUPPLY INC.



ARTICLE II - PRINCIPAL OFFICE

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

2230 S.W. 8 ST. MIAMI FLORIDA 33135

<u>ARTICLE III -SHARES</u>

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGALYS GUERRA 2230 S.W. 8 ST MIAMI, FLORIDA 33135

ARTICLE V - INCORPORATOR

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

MAGALYS GUERRA 7050 S.W. 73 CT MIAMI FLORIDA33143

The undersigned incorporator has executed these Articles of Incorporation this _10_ day of _OCTOBER_____ 20_00_

Mogolys Yhuira Signaturk

ARTICLE VI- DIRECTOR(S)

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

MAGALYS GUERRA 7050 S.W. 73 CT. MIAMI FLORIDA 33143

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature