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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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## FLORIDA PROFIT CORPORATION OR P.A.

## OM MEDICAL &amp; PHARMACY SUPPLY, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
**OF**  
**OM MEDICAL & PHARMACY SUPPLY, INC.**

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: **OM MEDICAL & PHARMACY SUPPLY, INC.**  
The principal place of business and mailing address of this corporation shall be:  
**6070 W 19 AVE # 105**  
**HIALEAH, FL 33012**

**ARTICLE II NATURE OF THE BUSINESS**

This corporation may engage in or transact any or 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 III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each having \$1.00 par value

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name (s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

NAME	POSITION	ADDRESS
Lourdes Valdes	President- Secretary	6070 W 19 AVE # 105 HIALEAH, FL, 33012

Prepared by: Orlando de Armas, CPA  
10300 Sunset Drive Suite #270 Miami, Fl. 33173  
(305) 441-8899

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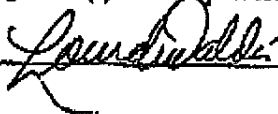
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are):

NAME	POSITION	ADDRESS
Lourdes Valdes	President- Secretary	6070 W 19 AVE # 105 HIALEAH, FL. 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 1 of November 2000.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.

The name of the corporation is: **OM MEDICAL & PHARMACY SUPPLY, INC.**  
The name and address of the registered agent and officer is:

Lourdes Valdes  
6070 W. 19 AVE #105  
HIALEAH, FL. 33012

SIGNATURE *Lourdes Valdes*  
(Corporate Officer)  
TITLE President  
DATE 11/13/00

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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Lourdes Valdes*  
(Registered Agent)

DATE 11/13/00

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