POIOOOOO TRANSMITTAL LETTER 19

ELITE MEDICAL DISTRIBUTORS, INC.

(Proposed corporate name - must include suffix)

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

SUBJECT:

900003513649--5 -12/27/00--01009--012 *****87.50 *****87.50

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		OPY REQUIRED		
FROM:	SAMUEL E WAHBA Name (F	Printed or typed)	ECRETAF	F F F F F F F F F F
	3325 <u>TAMPA</u> RD.	Address	RY OF ST SEE, FLC	FILED EC 26 PM 12: 07
		Audioss	ATE ATE	?: 07
	PALM HARBOR, F	L 34684-3426 State & Zip		-
	Ony.	, state & 21p		
	(727) 772-686 <u>8</u>			

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



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:

ELITE MEDICAL DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

3325 TAMPA RD. PALM HARBOR, FL 34684-3426

ARTICLE III SHARES

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

400 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SAMUEL E WAHBA 3325 TAMPA RD. PALM HARBOR, FL 34684-3426

ARTICLE V INCORPORATOR

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

SAMUEL E WAHBA - PTR 3325 TAMPA RD. PALM HARBOR, FL 34684-3426 FILED

00 DEC 26 PN 12: 07

SECRETARY OF STATE
PALLANIASSEE, FLORIDA

12/21/2000

Date

Signature/Incorporator

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

EFFECTIVE DATE	1/1/299)			
Having been named as registered agent and t	o accept service of process for	the above stated corpora	tion at the place des	ignated in this
certificate, I hereby accept the appointment a	as registered agent and agree	to act in this capacity. I	I further agree to co	mply with the
provisions of all statutes relating to the pro	oper and complete performan	ce of my duties, and I	am familiar with a	nd accept the
obligations of my position as registered agent			•	-

Signature/Registered Agent

12/21/2000

Date