

PO1000021939

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

3000003790993--1

-03/01/01--01045--017

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A & D MEDICAL EQUIPMENT CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR -1 AM 10:48  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Examiner's Initials

# ARTICLES OF INCORPORATION

FILED  
01 MAR - 1 PM 12:24  
CLERK OF CIRCUIT COURT  
HALL COUNTY 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; A & D MEDICAL EQUIPMENT CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;  
650 E 31 St.  
HIALEAH FL 33013

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 Shares value of \$ 1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

ANGEL G. ALVAREZ 6081 W 24 Ave # 106  
HIALEAH FL 33016

x 

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

ANGEL G ALVAREZ 6081 W 24 Ave #106  
HIALEAH FL 33016

DALIA TERESA RICARDO 650 E 31 St.  
HIALEAH FL 33013


ARTICLE VI DIRECTOR(S)

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

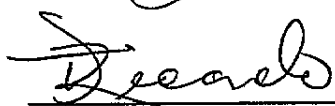
ANGEL G ALVAREZ 6081 W 24 Ave # 106  
HIALEAH FL 33016

DALIA TERESA RICARDO 650 E 31 St.  
HIALEAH FL 33013

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 27 day of february, 2001

x   
SIGNATURE PRESIDENT, TREASURER

ANGEL G. ALVAREZ  
6081 W 24 Ave # 106  
HIALEAH FL 33016

  
SIGNATURE VICEPRESIDENT, SECRETARY

DALIA TERESA RICARDO  
650 E 31 St.  
HIALEAH FL 33013

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuant to the provision of sections 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; \_\_\_\_\_  
A&D MEDICAL EQUIPMENT CORP.

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

ANGEL G ALVAREZ  
NAME  
6081 W 24 Ave. # 106  
P.O. BOX NOT ACCEPTABLE  
HIALEAH FL 33016  
CITY/STATE/ZIP

FILED  
01 MAR - 1 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 REG

SIGNATURE

27 day of february, 2001