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|        | 000 |      | (TOCO WILLIAM | - 17 |

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

300004271503--4 -05/18/01--01053--030 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

| PRPORATION NAME(S) &             | DOCUMENT NUMBER(S) (if known):                     | OI MAY 18 PM<br>SECRETARY OF<br>TALLAHASSEE, |
|----------------------------------|--|--|
|                                  | lical Supplies, INC                                | Y 18 P                                       |
| (Corporation Name)               | (Document #)                                       | PM PM  |
| (Corporation Name)               | (Document #)                                       | 3: 36<br>FLORID                              |
| (Corporation Name)               | (Document #)                                       | O A  |
| (Corporation Name)               | (Document #)                                       |  |
| Walk in Pick up time             | Certified Copy                                     | O1   |
| Mail out Will wait               | Photocopy Certificate of Status                    | HAY 18                                       |
| NEW FILINGS                      | AMENDMENTS   |  |
| X Profit                         | Amendment  | : 05<br>: 05                                 |
| NonProfit                        | Resignation of R.A., Officer/Director              | ¥ 01   |
|                                  |  | -  |
| Limited Liability                | Change of Registered Agent                         |  |
| Limited Liability  Domestication | Change of Registered Agent  Dissolution/Withdrawal |  |

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

Fictitious Name

Name Reservation

# ARTICLES OF INCORPORATION FOR SECRETARY OF STATE TALLAHASSEE, FLORIDA JANICE MEDICAL SUPPLIES, INC.

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:

JANICE MEDICAL SUPPLIES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

#### 9810 NW 80 AVE. BAY:8L HIALEAH GARDENS, FL 33016

#### ARTICLE III NATURE

This corporation may engage in or transact any 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 IV CAPITAL STOCK

The maximum number shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

## ARTICLE V TERM OF EXISTENCE

This corporation shall exist perpetually.

# ARTICLE VI INITIAL 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):

JUAN R. CORRALES (P) 9810 NW 80 AVE. BAY:8L HIALEAH GARDENS, FL 33016

# ARTICLE VII INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) to the Article of Incorporation are:

#### JUAN R. CORRALES 9810 NW 80 AVE. BAY:8L HIALEAH GARDENS, FL 33016

Signature of Incorporator

5/17/2001 Date SECRETARY OF STATE TALLAHASSEF FLORIE

ARTICLE VIII REGISTERED AGENT

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

JUAN R. CORRALES 9810 NW 80 AVE. BAY:8L HIALEAH GARDENS, FL 33016

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent an 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.

Signature of Registered Agent

<u>//200 €</u> Date