### 'CAPITAL CONNECTION, INC.

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	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File
	Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement
	Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name
	Corp Record Search  Officer Search  Fictitious Search
Signature	Fictitious Owner Search  Vehicle Search  Driving Record
Requested by 7-3/-0/ 4.30 Name Date Time	UCC 1 or 3 File  UCC 11 Search  J. BRYAN AUG - 1 2001
Walk-In Will Pick Un	UCC 11 Retrieval

# ARTICLES OF INCORPORATION OF FREEDOM MEDICAL, INC.



#### **ARTICLE I - CORPORATE NAME**

The name of this corporation is FREEDOM MEDICAL, INC.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and official mailing address of this corporation shall be 7301A W Palmetto Park Rd – Ste 100C; Boca Raton, FL 33433-3403.

#### ARTICLE III - CAPITAL STOCK

The number of shares this corporation is authorized to have outstanding at any one time is 1,000 \$1.00 par value common shares.

#### ARTICLE IV - INITIAL REGISTERED AGENT

The address of the initial registered office of the corporation is 7301A W Palmetto Park Rd – Ste 100C; Boca Raton, FL 33433-3403 and the name of the corporation's initial registered agent for service of process at such address is Robert S. Weinroth, Esq.

#### **ARTICLE V - DIRECTORS**

The number of directors of the corporation shall be fixed by the Bylaws. The initial Board of Directors shall consist of two (2) directors whose names and addresses are:

Robert S Weinroth, PO Box 971271, Boca Raton FL 33497-1271 Pamela J Yaffe, 12408 Antille Dr, Boca Raton, FL 33428-4803

#### ARTICLE VI - INCORPORATOR

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

Robert S. Weinroth.

7301A W Palmetto Park Rd – Ste 100C; Boca Raton, FL 33433-3403

#### **ARTICLE VII - INDEMNIFICATION**

The corporation shall indemnify to the fullest extent permitted by the Florida Business Corporation Act any person who has made, or is threatened to be made, a party to an action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise (including an action, suit or

proceeding by or in the right of the corporation), by reason of the fact that the person is, or was, a director, or officer of the corporation, or a fiduciary within the meaning of the Employee Retirement Income Security Act of 1974 with respect to an employee benefit plan of the corporation, or serves or served at the request of the corporation as a director, or as an officer, or as a fiduciary of an employee benefit plan, or another corporation, partnership, joint venture, trust or other enterprise. In addition, the corporation shall pay for or reimburse any expenses incurred by such persons who are parties to such proceedings, in advance of the final disposition of such proceeding, to the full extent permitted by the FL Business Corporation Act.

**IN WITNESS WHEREOF**, the undersigned incorporator has hereunto executed these Articles of Incorporation this 26<sup>th</sup> day of July, 2001.

Robert S. Weinroth

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statute §607.051 or 617.0501, 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: FREEDOM MEDICAL, Inc.
- 2. The name of the registered agent and office is:

Robert S. Weinroth
Attorney At Law
7301A W Palmetto Park Rd – Ste 100C
Boca Raton FL 33433-3403

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT TO SERVICE OF PROCESS FOR THE ABOVE STATE 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 PROVISION 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:

DATE:

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SECREDARY OF STATE
TALLAHASSEF, FLORINA