

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)266-4080  
Fax Number : (305)264-0232

FLORIDA PROFIT CORPORATION OR P.A.  
I. COWAN MEDICAL SUPPLY, CORP.

Certificate of Status	0
Certified Copy	0
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B. McKnight OCT - 4 2001

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### ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

#### ARTICLE I

##### NAME

The name of the corporation shall be L. COWAN MEDICAL SUPPLY, CORP.

#### ARTICLE II

##### PRINCIPAL OFFICE

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

10850 S.W. 88 ST # 203  
MIAMI, FL. 33176

#### ARTICLE III

##### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~as~~ COMMON SHARES.

#### ARTICLE IV

##### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARNALDO IGLESIAS  
10850 S.W. 88 ST # 203  
MIAMI, FL. 33176

Prepared by: ARNALDO IGLESIAS  
10850 S.W. 88 ST # 203  
MIAMI, FL. 33176  
(305) 598-5288

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**ARTICLE V  
INCORPORATOR(S)**

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

ARNALDO IGLESIAS  
10850 S.W. 88 ST # 203  
MIAMI, FL. 33176

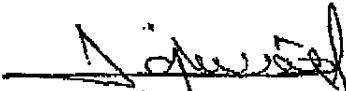
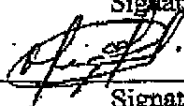
DIRECTOR & PRESIDENT

MIGUEL E. COWAN  
2539 S.W. 17 ST  
MIAMI, FL. 33145

DIRECTOR & VICE-PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of oct, 2001

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: I. COWAN MEDICAL SUPPLY, CORP.

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

ARNALDO IGLESIAS  
10850 S.W. 88 ST # 203  
MIAMI, FL. 33176

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*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 registered agent.*

  
\_\_\_\_\_  
(SIGNATURE)

10/02/01  
(DATE)

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