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Florida Department of State

Division of Corporations

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Katharine Harris, Secretary of State

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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.

MIAMI-DADE MEDICAL SUPPLY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 MIAMI-DADE MEDICAL SUPPLY, INC.

ARTICLE II

PRINCIPAL OFFICE

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

1840 W. 49 ST # 703
HIALEAH, FL. 33012

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred (500.00) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~COMMON~~ COMMON SHARES. ~~2~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RUBEN SANTANA
18965 N.W. 62 AVE # 101
HIALEAH, FL. 33015

Prepared by: RUBEN SANTANA
18965 N.W. 62 AVE # 101
HIALEAH, FL. 33015
(305) 626-0236

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**ARTICLE V
INCORPORATOR(S)**

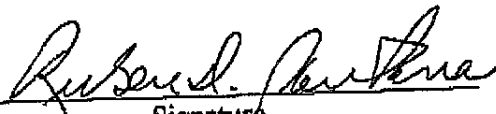
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RUBEN SANTANA
18965 N.W. 62 AVE # 101
HIALEAH, FL. 33015

DIRECTOR & PRESIDENT

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

30 day of October, 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: MIAMI-DADE MEDICAL SUPPLY, INC.

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

RUBEN SANTANA
18965 N.W. 62 AVE # 101
HIALEAH, FL. 33015

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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)

10/30/01
(DATE)

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