200150 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Pick up time 2-00 Walk in Certified Copy Wili wait Certificate of Status Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name imited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION

OF

R.G. MEDICAL SUPPLIES, INC.

02 JAN -2 AM 11: 08
SECRETARY OF STATILORIDA
TALLAHASSEE FLURIDA

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:

R.G. MEDICAL SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

841 WEST 67TH STREET, HIALEAH, FLORIDA, 33012.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation authorized to have outstanding at one time is:

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

ENIA FUENTES 841 WEST 67TH STREET, HIALEAH, FLORIDA, 33012.

ARTICLE V-INCORPORATOR(S)

The	name	(s) and	street	add	ress (es) of	the	incorporator (s) to	these
arti	lcles	of in	corporat	cion	is(are):		•	

ENLA FUENTES.-DPVST-841 WEST 67TH STREET, HIALEAH, FLORIDA, 33012. 500 SHARES

27	day of_	DECEMBER , 2001.
		•
		ENDE A
		Signature/Title
		PRESIDENT.
		v
		Signature/Title
		Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 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.

1The name of the corpo	oration is: <u>R.C</u>	G. MEDICAL SUPPLIES,	INC.
			· · · · · · · · · · · · · · · · · · ·
2The name and address	of the regist	ered agent and o	ffice is:
ENI	A FUENTES		
(1	NAME)		·
841	WEST 67TH STREE	T	
P.O. Box	not acceptal	ole ·	· · · · · · · · · · · · · · · · · · ·
HTA	LEAH, FLORTDA, 33	3012.	
(CITY)	STATE/ZIP	<u>-</u>	
	SIGNATURE × (Sua Feente Corporate Office RESIDENT	r)
I	DATEDE	CEMBER 27,2001.	
Having been named as Rec process for the above st in this certificate, I he agent and agree to act i with the provisions of a the proper and complete familiar with and accept the obli Agent.	tated corporatereby accept the this capacial statutes reperformance of	ion at the place he appointment a ty, I further agrelating to fixed my duties, and	designated s registered ee to comply