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SEGRETAR: OF STATE TALLAHASSEE, FLORIDA

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 #)

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Med-Health (Corporation Name)	Medical Supply Inc.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS	Photocopy Certificate of Status
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Profit	Projection of P.A. Officer/Dispeter
NonProfit	Resignation of R.A., Officer/Director
U	Change of Registered Agent
NonProfit	

OTHER FILNGS				
	Annual Report			
	Fictitious Name			
	Name Reservation			

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CR2E031(9/92)

ARTICLES OF INCORPORATION FOR

MED-HEALTH MEDICAL SUP PLY ING. JAN -3 PM 2: 10

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:

MED-HEALTH MEDICAL SUPPLY INC.

ARTICLE II PRINCIPAL OFFICE

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

> **741 SW 64 PARK WAY** PEMBROKE PINES,FL 33023

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

> MARGARITA SAMPEDRO **741 SW 64 PARK WAY** PEMBROKE PINES,FL 33023

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARGARITA SAMPEDRO 741 SW 64 PARK WAY PEMBROKE PINES,FL 33023

Megaula Sauchedia Signature of Incorporator

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

MARGARITA SAMPEDRO (P) 741 SW 64 PARK WAY PEMBROKE PINES,FL 33023

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

<u> Margarela Sampedro</u> Signature

-1/2/02 Date