Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 200005040092--5 -03/04/02--01043--005 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	NEHAN MEDICAL (PROPOSED CORPORA	L INCORPOR, TENAME- <u>MUSTINCIU</u>	ATEA DE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status	of	
	TOOD DANIEL L Name				
	SARASOTA FL City, 941 · 346 · 9 · Daytime T	34242 State & Zip 750 Telephone number	TALLAHASSEE FLOR	SECRETARY OF STATE	

NOTE: Please provide the original and one copy of the articles.

J3/8/02

## ARTICLES OF INCORPORATION

· In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# 

#### ARTICLE I

The name of the corporation shall be:

LINEHAN MEDICAL, FUCORPORATED

2002 MAR -4 AM 9: 59 SECRETARY OF STATE

TALLAHASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1335 HIDDEN HARBOR WAY

34242 SARASOTA, FL

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL EQUIPMENT AND SUPPLIES

#### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

TODO LINEHAN, PRESIDENT

1335 HIDDEN HARBOR WAY

SARASOTA, FL 34242

JENNIFER LINEHAN, VICE PRESIDEN + TREASURER

1335 HIDDEN HARBOR WAY SARASOTA FL 34242

#### REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

GREBORY LINEHAN

N. WASHINGTON BLUD.

SAKASOTA, FL 34236

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TODA LINEHAN

1335 HODEN HARBOR WAY

SAMASOTA, FL 34242

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

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

\*

Signature/Incorporator

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Date