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): (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in " Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status 900005110399----03/15/02--01028--020 ******78.75 ******78.75 NEW FILINGS AMENUMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report DALEIGA GE COEFORATI INC CEDARIMENT OF STATE Foreign Fictitious Name Limited/Hartnersf OZ HAR IS AM II: 34 Name Reservatiøn Reinstatement BECEINED **Trademark**

Other

ARTICLES OF INCORPORATION

OF

A P MEDICAL SUPPLIES, INC.



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:

A P MEDICAL SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

17530 NW. 68 AVENUE, MIAMI, FL33015

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:

AHMED PONS 17530 NW. 68TH AVE. MIAMI,FL 33015

ARTICLE V-INCORPORATOR(S)

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

AHMED PONS.-DPVST.- 17530 NW. 68TH AVE.MTAMI, FL 33015 500 SHARES

ncorporation this:	
14 day of	MARCH 2002
	Signature/Title
	PRESIDENT
	Signature/Title
	Signature/Title
•	
	Cianatura/Titla

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 corporation is: A P MEDICAL SUPPLIES, INC
2The name and address of the registered agent and office is:
AHMED PONS
(NAME)
17530 NW. 68TH AVE.
P.O. Box not acceptable
MTAMI,FL33015
(CITY/STATE/ZIP
SIGNATURE
TITLE (Corporate Officer) PRESIDENT
DATE MARCH 14,2002
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 agent and accept the obligations of my position, as Registered Agent. SIGNATURE MARCH 14,2002