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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. SOUTH WEST MEDICAL SUPPLIES 1997 HC. (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) 4.
(Corporation Name) (Document #)
Mail out Will wait Photocopy Certificate of Status
NEW FILINGS Profit NonProfit NonProfit Limited Liability Domestication Other AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Office Filings Annual Report Fictitious Name Name Reservation Reinstatement Trade mark Other Office Filings 1000054162911 -05/01/0201052-001 ***********************************

CRIE031(9/92)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adoptes the following Articles of Incorporation.

<u> ARTICLE I - NAME</u>

The name of the corporation shall be:

South West Medical Supplies, INC

ARTICLE II - PRINCIPAL OFFICE

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

Flaglen Office Building, INC. 8360 W. Flaglen Street suite 205-B. Misni, Fl 33144.

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paula J. Mantinez. 8360 W Flagler ST.

SUIT. 205 B MISNI, FI 33144

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):
PAULA J. MARTINOZ. Pread.
8360 W. Flacler ST
8360 W. Flaclen ST Suit 205-13. Misui, F) 33144.
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE
Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.
Registered Agent Signature