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FILED

02 MAY -2 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J.B.GABIN

8421 N.W. 8th. STREET

SUITE 406

MIAMI, FL. 33126

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 800005309318--5  
-04/19/02--01082--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

CB 5-3



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 25, 2002

J.B. GABIN  
8421 NW 8TH ST STE 406  
MIAMI, FL 33126

SUBJECT: US MEDICAL SUPPLY CORPORATION  
Ref. Number: W02000011752

We have received your document for US MEDICAL SUPPLY CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 902A00025149

**FILED**

**02 MAY -2 AM 10: 15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION  
OF**

**U.S. MEDICAL AND SURGICAL SUPPLY, CORP.**

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:

**U.S.MEDICAL AND SURGICAL SUPPLY, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

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

**8421 NW 8 STREET SUITE #406 MIAMI FL 33126**

**ARTICLE III CAPITAL STOCK**

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

**1000**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**J.B.GABIN**

**8421 NW 8 STREET SUITE #406 MIAMI FL 33126**

**ARTICLE V INCORPORATOR(S)**

The name (s) and street address (es) of the incorporator (s) to this Articles is (are):

**J.B.GABIN**

**8421 NW 8 STREET SUITE #406 MIAMI FL 33126**

The undersigned incorporator (s) has (have) executed these Articles of Incorporation  
**this 28 day of APRIL , 2002 .**

Signature,



**FILED**

**02 MAY -2 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

The name of the corporation is:

**U.S.MEDICAL AND SURGICAL SUPPLY, CORP**

The name and address of the registered agent and office is:

**J.B.GABIN  
8421 NW 8 STREET SUITE #406 MIAMI FL 33126**

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in his 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.

Signature,



Date, **28 APRIL 2002**