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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

900005493329--7

-05/09/02--01007--010

OFFICE USE ONLY

*****78.75 *****78.75

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

1. SPRING MEDICAL SUPPLIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



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Photocopy



Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 MAY -8 PM 3:47
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED
02 MAY 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

25/9



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 9, 2002

LAZARUS CORPORATE FILING SERVICE

SUBJECT: SPRING MEDICAL SUPPLIES, INC.
Ref. Number: W02000013444

RECEIVED
02 MAY 10 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SPRING MEDICAL SUPPLIES, INC. 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) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 702A00029266

ARTICLES OF INCORPORATION

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:

GARDENS MEDICAL SUPPLIES, INC

ARTICLE II - PRINCIPAL OFFICE

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

6595 NW 36ST STE # 222-2.
VIRGINIA GARDENS FL - 33166

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YENIA LOPEZ.
6595 NW 36ST STE # 222-2.
VIRGINIA GARDENS FL - 33166

FILED
MAY 10 PM 2:20
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

YENIA LOPEZ.
6595 NW 36ST STE #222-2.
VIRGINIA GARDENS FL-33166

The undersigned incorporator has executed these Articles of Incorporation this 07 day of MAY 2002


Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

YENIA LOPEZ PRESIDENT.
6595 NW 36ST STE #222-2.
VIRGINIA GARDENS FL-33166

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

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TALLAHASSEE FLORIDA