

P02 060061969

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Judson & WCO Medical Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM: Kay Alexander  
Name  
4063 Hood Road #57  
Address  
Palm Beach, Gardens, FL 33410  
City, State & Zip  
(561) 307-2468  
Telephone Number

100005677431-1-7  
-06/04/02--01046--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN -4 AM 10: 14

Note: Additional copy of articles is needed only when certified copy is requested.

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 JUN -- 4 AM 10: 14

ARTICLES OF INCORPORATION

OF

Judson & WCO Medical Inc.

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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: Judson & WCO Medical Inc.  
4063 Hood Road, #57  
Palm Beach Gardens, FL 33410

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:  
4063 Hood Road, #57  
Palm Beach Gardens, FL 33410

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10000

shares of Common Stock each having a par value of one (1) dollar per share. Authorized Capital stock may be paid for in cash, services, or property, at a just value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

G.P. Boyer  
962 Northlake Blvd.  
# 212  
Lake Park, FL 33403

ARTICLE V INCORPORATOR(S)

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

Name William Sansom  
Address 4063 Hood Road, # 57  
City State & Zip Palm Beach Gardens, FL 33410

ARTICLE VI CAPITAL CONTRIBUTION

The amount of Capital with which this corporation shall begin business is one hundred dollars (\$100.00) cash.

ARTICLE VII DURATION

This corporation shall exist perpetually.

ARTICLE VIII PURPOSE

This corporation is organized for the purpose of any and all lawful businesses for which corporations may be incorporated under the Florida General Corporation Act.

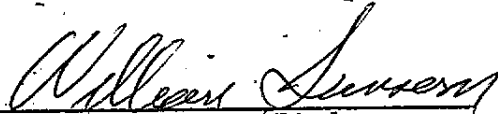
ARTICLE IX INDEMNIFICATION

This corporation shall indemnify any officer or any former officer to the full extent permitted by law.

ARTICLE X AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in the Articles of Incorporation, and any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has(have) executed these Articles of Incorporation this 3<sup>rd</sup> day of June, 2002



Signature/Title  
William Sansom, President / Sec.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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.

1. The name of the corporation is: Judson & WCO Medical Inc.

2. The name and address of the registered agent and office is:  
G. P. Boyer

962 Northlake Blyd., 212 (NAME)

Lake Park, FL 33403 (P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SIGNATURE

William Sansom  
(Corporate Officer)

TITLE President

William Sansom, Pres.

DATE

June 3, 2002

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

G. P. Boyer

DATE

6-3-02

G. P. Boyer

REGISTERED AGENT FILING FEE: \$35.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
02 JUN -14  
AM 10:15