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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

July 2, 2002

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

SUBJECT: ELITE MEDICAL EQUIPMENT, INC  
(Proposed corporate name-must include suffix)

Enclosed are an original and three (3) copies of the articles of incorporation and a check for:

<u>      </u> \$ 70.00	<u>      </u> \$ 78.75	<u>      </u> \$ 78.75	<u>  X  </u> \$ 87.50
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate

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-07/08/02--01069--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

FROM:

Lilia C. Dube

Address: 10461 SW 40 Terrace  
Miami, FL 33165

Daytime  
Telephone: (305) 485.4454

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## ARTICLES OF INCORPORATION

In compliance with chapter 607 and/or chapter 621, F.S. (Profit), the undersigned, hereby associate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, liability, rights, privileges, and immunities of corporations for profit.

### ARTICLE I, NAME

The name of this corporation shall be:

**ELITE MEDICAL EQUIPMENT, INC.**

### ARTICLE II PRINCIPAL OFFICE

The initial principal place of business/ mailing address is:

10935 SW 139 Ct.  
Miami, FL 33186

### ARTICLE III PURPOSE

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

That the present main business of the corporation is as follows:

Rental and sales of durable medical equipments.

### ARTICLE IV SHARES

The number of shares of stocks is:

One Hundred (100.00) shares of common stock, of One Dollar (\$1.00) per value.

ARTICLE V INITIAL OFFICERS/ DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time in such manner as may be prescribed by the by-laws, but shall never be less than one (1).

The names and addresses of the first board of Directors and of the Officers are as follows:

Title	Name	Address
President	Jessica M. Roman	10935 SW 139 CT Miami , FL 33186

ARTICLE VI - REGISTERED AGENT

The name and the Florida State address of the registered agent is

Jessica M. Roman  
10935 SW 139 CT  
Miami, FL 33186

ARTICLE VII INCORPORATOR (S)

The name and address of the incorporator (s) is (are)

Name	Address
Jessica M. Roman	10935 SW 139 CT Miami, Fl 33186


ARTICLE VIII - TERM OF EXISTENCE

This corporation is to have perpetual existence.

ARTICLE IX - AMENDMENT

This Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by Statute, and all rights conferred on stockholders herein granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned, as subscribing incorporate(s), have hereunto set our hands and seals this 5th day of July, 2002 for the purpose of forming this Corporation under the laws of the State of Florida, and hereby make and file, in the office of the Secretary of the State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true.

  
\_\_\_\_\_  
Jessica M. Roman  
President

This document prepared by  
Lilia C. Dube (305) 485-4454  
10461 SW 40 Terrace  
Miami, FL 33165

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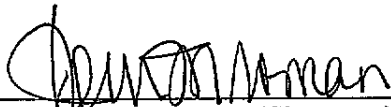
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1- The name of the Corporation is: ELITE MEDICAL EQUIPMENT, INC.
- 2- The name and address of the registered agent and office is:

Jessica M. Roman  
10935 SW 139 Ct.  
Miami, Fl 33186

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

  
\_\_\_\_\_  
Jessica M. Roman (Signature)

7-5-02  
(Date).