

PO2000076264

TRANSMITTAL LETTER

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

SUBJECT: PALMETTO WEST MEDICAL EQUIPMENT, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200006356212--6
-07/12/02--01047--014
*****78.75 *****78.75

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JESUS RODRIGUEZ
Name (Printed or typed)

745 PALM AVENUE
Address

HIALER, FL 33010
City, State & Zip

(305) 888-6587
Daytime Telephone number

02 JUL 12 AM 8:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

~ 7/15

ARTICLES OF INCORPORATION **FILED**
OF 02 JUL 12 AM 8:35
PALMETTO WEST MEDICAL EQUIPMENT, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is: **PALMETTO WEST MEDICAL EQUIPMENT, INC.**

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue **ONE HUNDRED (100)** shares of **\$1.00** par value, which shall be designated as "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

In the event of the sale for cash of any new stock of this corporation of the same kind, class or series as that one he/she already holds, Share holders shall have the right to purchase his/her pro rated share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this corporation is: **745 PALM AVE. HIALEAH, FL. 33010**. The principal office address and the mailing address are the same. The name and address of the initial registered agent of this corporation is: **SMITH COOPER & LIBERMAN Accounting & Tax Services, Inc. 747 Palm Ave. Hialeah, FL. 33010**.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have **three** directors initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE. The name and address of the initial director of this corporation are:

Jesus Rodriguez	Director	350 Pashehowa Dr. Hialeah, FL. 33010
Eladio Gonzalez	Director	771 E. 2nd Place. Hialeah, FL. 33010
Marisol Cabrera	Director	350 Pashehowa Dr. Hialeah, FL. 33010

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX – INCORPORATOR AND OFFICERS OF CORPORATION

The name and address of the person signing these articles is:

Jesus Rodriguez
President/CEO

350 Pashehowa Drive
Hialeah, Florida 33010

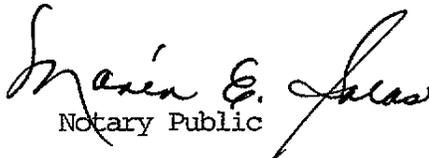
IN WITNESS WHEREOF, the undersigned subscriber has executed these articles of incorporation this 8th of July 2002.



Jesus Rodriguez
President/CEO

SWORN TO BEFORE ME, this 8th day of **July**, 2002.

My commission expires:



Notary Public



Maria E Sales
My Commission CC858788
Expires July 27, 2003

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM
SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with section 607.034 of the Florida Statutes, the following is submitted:

PALMETTO WEST MEDICAL EQUIPMENT, INC.

Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Dade, State of Florida, has named; **Smith Cooper & Liberman Accounting & Tax Service, Inc. Located at 747 Palm Ave. Hialeah, FL. 33010, County of Miami-Dade, State of Florida**, as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above mentioned corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all Statues relative to the proper and complete performance of my duties.

Dated this 8th of July, 2002



Resident and Registered Agent

FILED
02 JUL 12 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA