

P02000085046

SYMCARE MEDIX & SUPPLIES, INC.  
6500 CYPRESS ROAD, APT 101  
PLANTATION, FL 33317  
(954) 572-2800  
(954) 572-0040 FAX

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
CORPORATE FILINGS  
409 E GAINES STREET  
TALLAHASSEE, FL 32399

000006913110--0  
-08/06/02--01030--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

JULY 25, 2002

PLEASE FIND ATTACHED 2 COPIES OF THE INCORPORATION, SYMCARE  
MEDIX & SUPPLIES, INC. TO BE FILED BY YOUR OFFICE AND  
ACKNOWLEDGED TO US. WE ARE ALSO ATTACHING CHECKS IN THE  
AMOUNT OF \$78.75 FOR THIS CORPORATION.

THANK YOU,

  
SYLVIA JOHNSON

FILED  
02 AUG -5 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/8/6

ARTICLES OF INCORPORATION  
OF  
SYMCARE MEDIX & SUPPLIES, INC.

The undersigned, a natural person competent to contract, does hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I  
CORPORATE NAME

The name of the Corporation shall be:

SYMCARE MEDIX & SUPPLIES, INC.

ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Corporation is

6500 CYPRESS ROAD APT 101

PLANTATION, FL 33317

ARTICLE III  
NATURE OF CORPORATE BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

FILED  
02 AUG -5 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV

CAPITAL STOCK

The maximum number of shares that this Corporation shall be authorized to issue and have outstanding at any one time shall be 100 shares of common stock, par value \$.01 per share.

ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

REGISTERED AGENT AND  
INITIAL REGISTERED OFFICE IN FLORIDA

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

SYLVIA JOHNSON  
6500 CYPRESS ROAD APT 101  
PLANTATION, FL 33317

ARTICLE VII

BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially.

ARTICLE VIII

INITIAL DIRECTORS

The name and address of the initial Director of the Corporation is:

SYLVIA JOHNSON  
6500 CYPRESS ROAD APT 101  
PLANTATION, FL 33317

The person named as initial Director shall hold office for the first year of existence of the Corporation, or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE IX  
INCORPORATOR

The name and address of the person signing these Articles of Incorporation as the Incorporator is SYLVIA JOHNSON.

ARTICLE X  
INDEMNIFICATION

This Corporation may indemnify any director, officer, employee or agent of the Corporation to the fullest extent permitted by Florida law.

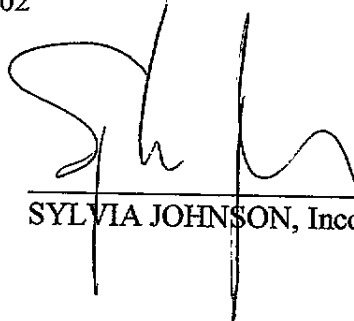
ARTICLE XI  
AFFILIATED TRANSACTIONS

This Corporation expressly elects not to be governed by Section 607.0901 of the Florida Business Corporation Act, as amended from time to time, relating to affiliated transactions.

ARTICLE XII  
CONTROL SHARE ACQUISITIONS

This Corporation expressly elects not to be governed by Section 607.0902 of the Florida Business Corporation Act, as amended from time to time, relating to control share acquisitions.

IN WITNESS WHERE OF, the undersigned Incorporator has executed the foregoing Articles of Incorporation on the 25 day of July, 2002

  
SYLVIA JOHNSON, Incorporator

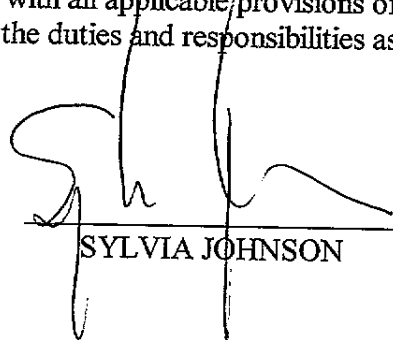
**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND OFFICE FOR SERVICE OF PROCESS**

FILED  
02 AUG -5 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SYMCARE MEDIX & SUPPLIES, INC. a corporation existing under the laws of the State of Florida with its principal office and mailing address at 6500 CYPRESS ROAD APT 101 PLANTATION, FL 33317, has named SYLVIA JOHNSON 6500 CYPRESS ROAD APT 101 PLANTATION, FL 33317, as its agent to accept service of process within the State of Florida.

**ACCEPTANCE:**

Having been named to accept service of process for the above named Corporation at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to comply with all applicable provisions of law. In Addition, I hereby am familiar with and accept the duties and responsibilities as Registered Agent for said Corporation.

  
SYLVIA JOHNSON

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 25th day of July, 2002, by Sylvia Johnson.

  
JUDITH R. LARKIN

Personally Known YES OR Produced Identification \_\_\_\_\_  
Type of Identification

Produced \_\_\_\_\_



Judith R. Larkin  
MY COMMISSION # CC894122 EXPIRES  
December 22, 2003  
BONDED THRU TROY FAIN INSURANCE, INC