

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

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-08/28/02--01017--024
*****87.50 *****87.50

SUBJECT: OMNICARE MEDICAL EQUIPMENT & SUPPLIES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

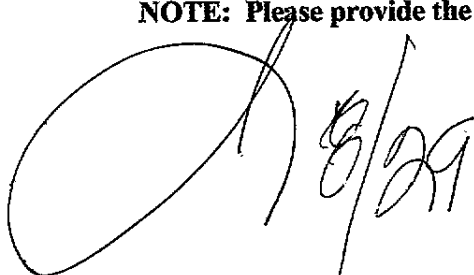
FROM: MR. MARVIN DOMB
Name (Printed or typed)

643 STORE ROAD
Address

NORTH PALM BEACH FLORIDA, 33408
City, State & Zip

(561) 236-6911
Daytime Telephone number

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



FILED
02 AUG 28 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

OMNICARE MEDICAL EQUIPMENT & SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

643 SHORE ROAD
NORTH PALM BEACH, FLORIDA 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SUPPLIER, SALES, RENTAL AND SERVICE OF :-
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND
SUPPLIES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

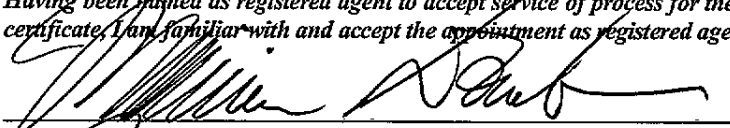
MR. MARVIN DOMB
643 SHORE ROAD
NORTH PALM BEACH, FLORIDA 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MR. MARVIN DOMB
643 SHORE ROAD
NORTH PALM BEACH, FLORIDA 33408

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



Signature/Registered Agent

8-22-02

Date



Signature/Incorporator

8-22-02

Date

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TALLAHASSEE FLORIDA