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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**NEW HORIZON MEDICAL EQUIPMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

DB 9/12

ARTICLE OF INCORPORATION

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The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is New Horizon Medical Equipment, Inc.

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

- 1.- To engage in the business of sale or rental medical equipment.
- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3.- To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY:

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 525 NW 27th Avenue; Suite 105 Miami, FL 33125 and the name of its initial registered agent is Rery Manzano.

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is ~~one~~ . The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
Nery Manzano	525 NW 27th Avenue Suite 105 Miami, FL 33125

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
Nery Manzano	525 NW 27th Avenue Suite 105 Miami, FL 33125

Executed by the undersigned at MIAMI, FLORIDA  
on September 11, ~~1998~~ 2002 .

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

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In pursuance of Chapter 607.34 Florida Statutes, the following submitted, in compliance with said Act:

First-That New Horizon Medical Equipment, Inc.  
(NAME OF CORPORATION)

desiring to organize under the laws of the State of FLORIDA  
(FLORIDA)

with its principal office, as indicated in the articles of incorporation at City of MIAMI county  
(CITY)

of DADE, State of FLORIDA  
(COUNTRY) (STATE)

has named NERY MANZANO  
(NAME OF RESIDENT AGENT)

located at 525 NW 27th Avenue; Suite 105  
(STREET ADDRESS AND NUMBER OF BUILDING,  
POST OFFICE BOX ADDRESS NOT ACCEPTABLE)

city of FLORIDA, County of DADE  
(CITY) (COUNTRY)

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY [Signature]  
SIGNATURE  
REGISTERED AGENT  
AND  
INCORPORATOR