# OFFICE UPONLY(DOCUMENT#)

LAZARUS CORPORATE FILING SERVIC	'L
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3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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Examiner's Initials

		OFFICE USE ONLY	
CORPORATION NAME(s)	R DOCUMENT NUM	BER(S) (if known):	
1. CH & M ME	DICAL SUP	PLIES INC	
2(Corporation Name		(Document *)	
3. (Corporation Name		(Document #)	
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Mail out Will wait	Photocopy	Certificate of Status	CORPORAL
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Profit	Amendment		2
NonProfit	Resignation of	Π.Λ., Officer/Director	DIVISION OF CENTORATION
. Limited Liability	Change of Regis	tered Agent	SEP SEP
Domestication	Dissolution/Withdrawal		7
Other	Merger		
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Annual Report	Foreign		
Fictitious Name	Limited Partner	ship : SMITH	SEP 1 7 2002
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Reinstatement Trademark

Other

### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

CH & M MEDICAL Supplies INC. PRISTON OF CORPORATION

ARTICLE II - PRINCIPAL OFFICE

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11890. S.W. 8 ST MIAMI, FL 33184 SUITE 210.

#### ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nancy Echevarria
11890 SW 85t.
MIAMI FL, 33184. Suite 210.

#### ARTICLE V - INCORPORATOR

Incorporation is:

The name and street address of the incorporator to these Articles of

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature