

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020002103313)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

OZ OCT 10 PH 3: 14
SECRETARY OF STATL
ALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

devon medical services, inc.

Certificate of Status

Certified Copy

Page Count

Estimated Charge

\$76.00

10/9/02 4:48 PN

OC1-10-2002 11:53

202 241 3770 P.01/03

H020000910331

ARTICLES OF INCOMPONENTS

OF.

DEVON MEDICAL SERVICES, INC.

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 ba:

DEVON MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

JEFFREY DEVON 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309 ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1,00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

JEFFREY DEVON 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

ARTICLE V INCORPORATOR (5)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JEFFREX DEVON
676 WEST PROSPECT ROAD
FT, LAUDERDALE, FL 33309

The undersigned has (have) executed these Articles of Incorporation this 10TH day of OCTOBER, 2002.

TLE DATE

F5010001033

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

DEVON MEDICAL SERVICES, INC.

The name and address of the registered agent and office is:

JEFFRET DEVON
676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

SIGNATURE of the Deloc (corporate off Peri) TITLE

DATE 10-9-07

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLI WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE JOHN DOJOL SECRETARY OF STAIL AND TO STAIL AND TO STAIL ASSEE FLORIDA

H02000210331