

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

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FLORIDA PROFIT CORPORATION OR P.A.

R & B MEDICAL DISTRIBUTION CORP.

Certificate of Status	0
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NOITAROTROS CORPORATION

OCT-24-02 THU 05:04 PM

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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 1 - NAME

The name of the corporation shall be:

R & B MEDICAL DISTRIBUTION CORp.

02 OCT 25 AM 8: 47
SECRETARY OF STATL
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

930 E 49 ST

hialeah FL 33013

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:

JAIME A ARCHER

930 E 49 ST

HIALEAH FL 33013

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LAZARUS CORPORATION

OCT-24-02 THU 05:04 PM

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JAIME A ARCHBR

930 E 49 ST HIALEAH FL 33013
The undersigned incorporator has executed these Articles of Incorporation this 24 day of 1270.000. 20.08

ARTICLE VI- DIRECTOR(S)

Signature

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

JAIME A ARCHER (P)

930 E.49 st hIALEAH FL 33013

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 cobligations of my position as Registered Agent.

Registered Agent Signature

LAZARUS CORPORATION FAX:3052201440