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Florida Department of State

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To:

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

FLORIDA PROFIT CORPORATION OR P.A.

new life medical equipment & supplies, corp.

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

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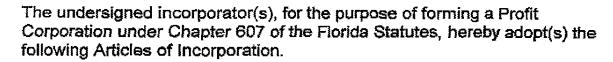


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ARTICLES OF INCORPORATION

OF

NEW LIFE MEDICAL EQUIPMENT & SUPPLIES, CORP.



ARTICLE I

The name of this corporation shall be: NEW LIFE MEDICAL EQUIPMENT & SUPPLIES, CORP.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 560 West 36 Place, Hialeah, FL 33012.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are <u>100</u> shares common stock having an individual par value of <u>5.00</u>

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: Ana M. Gonzalez, 560 West 36 Place, Hialeah, FL 33012.

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

PRESIDENT

Ana M. Gonzalez

560 West 36 Place Hialeah, FL 33012

ARTICLE VIII

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

Empire Corporate Kit of America, Inc. 2444 N.W. 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this <u>28th</u> day of <u>OCTOBER</u>, <u>2002</u>.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

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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.

First that NEW LIFE MEDICAL Educator + SUPLIES COAR.
(Name of Corporation)

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named And M. Formula (Name of Registered Agent)

located at 560 WEST 7681, Minterest, FL 33012 Country of Minter - PAD &

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Registered Agent

ANA M. GOLZALEZ

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