

P030000007670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

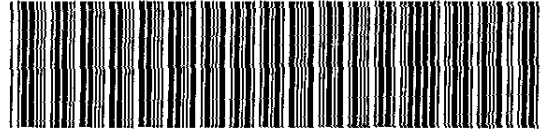
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700009985297

01/15/03--01040--012 \*\*78.75

FILED  
03 JAN 15 PM 2:12  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

03 JAN 15 PH 2:12

VI  
23-03

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

January 3, 2003

**Subject: MEDICOMP MEDICAL EQUIPMENT AND SUPPLIES INC.**

Enclosed is an original and one (1) copy of the articles of incorporation and check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
and Certificate

☐ \$122.50  
Filing Fee &  
Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**From: Waldo Morales  
4512 Pro Court E  
Bradenton, FL 34203  
Telephone: 941-752-4667**

Note: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

**MEDICOMP MEDICAL EQUIPMENT AND SUPPLIES INC.**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I**

**IDENTIFICATION:**

The name of this Corporation is:  
and its principal place of business is:

**MEDICOMP MEDICAL EQUIPMENT AND SUPPLIES INC.  
4512 Pro Court E  
Bradenton, FL 34203**

**ARTICLE II**

**TERM OF EXISTENCE:**

This Corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the state of Florida. The date on which corporate existence shall begin is the date on which these Articles of Incorporation are filed with the Secretary of State of the State of Florida.

**ARTICLE III**

**NATURE OF BUSINESS:**

The Corporation may engage in any activities or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV**

**AUTHORIZED SHARES:**

This Corporation is authorized to issue 100 Shares of Common Stock with a par value of one dollar (\$1.00) per share.

**ARTICLE V**

**REGISTERED AGENT AND OFFICE:**

The name and address of the initial registered agent is:

**Martha Morales  
4512 Pro Court E  
Bradenton, FL 34203**

**ARTICLE VI**

**INCORPORATOR:**

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

**Waldo Morales  
4512 Pro Court E  
Bradenton, FL 34203**

**ARTICLE VII**

**OFFICER(S)/DIRECTOR(S):**

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

<b>MARTHA MORALES</b>	<b>President</b>
<b>WALDO MORALES</b>	<b>Vice-President</b>
<b>PATRICIA MORALES</b>	<b>Secretary/Treasurer</b>

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
3rd of January, 2003

**Waldo Morales**

Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JAN 15 PM 2:12

FILED

**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:  
**MEDICOMP MEDICAL EQUIPMENT AND SUPPLIES INC.**  
**4512 Pro Court E**  
**Bradenton, FL 34203**
- 2) The name and address of the registered agent and office is:  
**Martha Morales**  
**4512 Pro Court E**  
**Bradenton, FL 34203**

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.



**Martha Morales**  
**Registered Agent**

**January 3, 2003**  
**Date**

**DIVISIONS OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FLORIDA 32314**

FILED  
03 JAN 15 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA