

**P03000030625**

*Fax on 3-11-03*

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 266-4080  
Fax Number : (305) 227-1142

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**FLORIDA PROFIT CORPORATION OR P.A.**

**AMERICAN MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

*03-18-03*

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I**

**NAME**

The name of the corporation shall be **AMERICAN BEST MEDICAL SUPPLY, INC.**

**ARTICLE II  
PRINCIPAL OFFICE**

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

6995 N.W. 77 AVE. SUITE 410  
MIAMI, FL. 33166

**ARTICLE III  
SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated [COMMON SHARES.]

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

LUCIA PEREZ  
6995 N.W. 77 AVE. SUITE 410  
MIAMI, FL. 33166

Prepared by: LUCIA PEREZ  
6995 N.W. 77 AVE. SUITE 410  
MIAMI, FL. 33166  
786 2518693

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.  
3850 S.W. 87 AVE. SUITE 307  
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**ARTICLE V  
INCORPORATOR(S)**


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

LUCIA PEREZ  
6955 N.W. 77 AVE. SUITE 410  
MIAMI, FL. 33166

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of March, 2003

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:

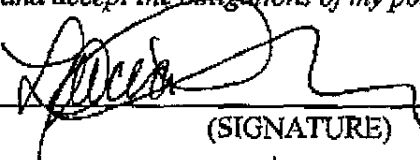
AMERICAN BEST MEDICAL SUPPLY, INC.

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

LUCIA PEREZ  
6955 N.W. 77 AVE. SUITE 410  
MIAMI, FL. 33166

*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)

(DATE) 3/4/03

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