

P030000046596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

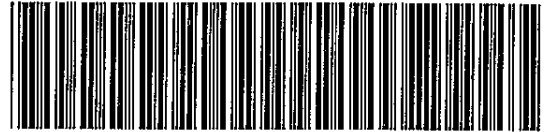
(Business Entity Name)

(Document Number)

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FILED  
03 APR 25 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-10296

4-28-03

## TRANSMITTAL LETTER

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

SUBJECT: Physician's Warehouse, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

JAMES A. McMICHAEL

Name (Printed or typed)

5224 W. S.R. 46, SUITE 310

Address

SANFORD, FL 32771

City, State & Zip

407-616-7351

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 10, 2003

JAMES A MCMICHAEL  
5224 W SR 46, STE 310  
SANFORD, FL 32771

SUBJECT: PHYSICIANS WAREHOUSE, INC.  
Ref. Number: W03000010296

RECEIVED

03 APR 25 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PHYSICIANS WAREHOUSE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must have original signatures.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves  
Document Specialist  
New Filings Section

Letter Number: 203A00021588

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

PHYSICIANS WARE HOUSE, INC.

03 APR 25 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5224 W. S.R. 46, Suite 310, Sanford, FL. 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO RE-SALE USED MEDICAL EQUIPMENT

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000,000.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

JAMES A. MCMICHAEL PRESIDENT  
532 CAPE COD LN #106  
ALTAMONTE SPRINGS, FL 32714

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JAMES A. MCMICHAEL  
532 CAPE COD LN. #106  
ALTAMONTE SPRINGS, FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JAMES A. MCMICHAEL  
532 CAPE COD LN #106  
ALTAMONTE SPRINGS, FL 32714

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

J. A. McMichael  
Signature/Registered Agent

3/26/03

Date

J. A. McMichael  
Signature/Incorporator

3/26/03

Date