

P03000052418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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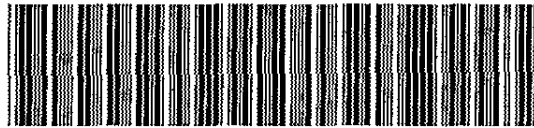
(Business Entity Name)

(Document Number)

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2003 MAY -5 AM 10:44
TALLAHASSEE FLORIDA
STATE

5/13/03

TRANSMITTAL LETTER

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2003 MAY -5 AM 10:44

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: KCI Medical Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Indra Canmbocas
Name (Printed or typed)

5609 NW 18th Place
Address

Lauderhill, FL 33313
City, State & Zip

(954) 733-3063
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

KCI Medical Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5609 NW 18th Place
Lauderhill, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO provide medical supplies

ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Indra Canimbocas president, secretary, treasurer
5609 NW 18th Place
Lauderhill, FL 33313

ARTICLE VI REGISTERED AGENT

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

Indra Canimbocas
5609 NW 18th Place
Lauderhill, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Indra Canimbocas
5609 NW 18th Place
Lauderhill, FL 33313

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

Indra Canimbocas

Signature/Registered Agent

4/8/03

Date

Indra Canimbocas

Signature/Incorporator

4/8/03

Date

FILED

2003 MAY -5 AM 10:44

CLERK OF STATE
TALLAHASSEE FLORIDA