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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : VMR HEALTH CARE SERVICES, INC.  
Account Number : I20000000024  
Phone : (305)751-6600  
Fax Number : (305)751-6070

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 MAY 12 PM 1:36

FLORIDA PROFIT CORPORATION OR P.A.

~~America Medical Supply And Equipment~~

America Medical Equipment & Supply Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

BR 5/19  
5/12/2003

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be:  
America Medical Equipment & Supply Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
**8000 Biscayne Blvd. Suite 105**  
**Miami, FL. 33138**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Retail Rental and wholesale Medical Products**

**ARTICLE IV SHARES**

The number of shares of stock is:  
**100 Shares of common stock, \$1.00 par value**

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

The name(s), address(as) and title(s):  
**Adriana R. Sanchez (P)**  
**Merly Velazquez (S,T) Peter Kalme (VP)**

**ARTICLE VI REGISTERED AGENT**

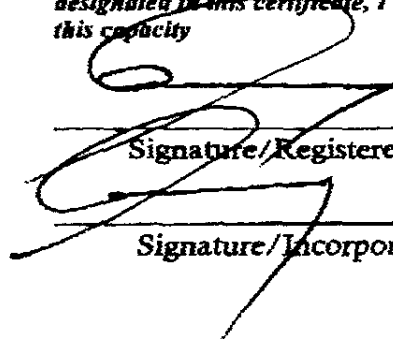
The name and Florida street address of the registered agent is:  
**Merly Velazquez 8000 Biscayne Blvd. Suite 105**  
**Miami FL. 33138**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**Merly Velazquez 8000 Biscayne Blvd. Suite 105**  
**Miami FL. 33138**

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

5-15-2003  
Date  
  
5-15-2003  
Date

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