

Division of Corporations

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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 : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**FLORIDA CARE MEDICAL EQUIPMENT, INC.**

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

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ARTICLES OF INCORPORATION
OF
FLORIDA CARE MEDICAL EQUIPMENT, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

FLORIDA CARE MEDICAL EQUIPMENT, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES
3636 SW 87TH AVE.
MIAMI, FL. 33165

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TALLAHASSEE, FLORIDA

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

FLORIDA CARE MEDICAL EQUIPMENT, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

DAVIS DENNES
597 SE FAITH TERR
PT. ST.LUCIE, FL. 37983

The principal office and mailing address shall be:

597 SE FAITH TERR
PT.ST.LUCIE, FL. 37983

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ARTICLE VI

The initial Board of Directors shall be composed by TWO (2) persons, whose names and addresses are:

DAVIS DENNES - PRESIDENT
597 SE FAITH TERR
PT. ST. LUCIE, FL. 37983

VARINIA REYES - SECRETARY
597 SE FAITH TERR
PT. ST. LUCIE, FL. 37983


The Shareholder of the Corporation shall be:

DAVIS DENNES - 100% SHAREHOLDER

The name and address of the incorporator executing these Articles of Incorporation is:

DAVIS DENNES
597 SE FAITH TERR
PT. ST. LUCIE, FL. 37983

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 18TH day of August, 2003.


DAVIS DENNES
PRESIDENT

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

FLORIDA CARE MEDICAL EQUIPMENT, INC.

2. The name and address of the Registered Agent and office is:

DAVIS DENNES
597 SE FAITH TERR.
PT. ST. LUCIE, FL. 37983

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TALLAHASSEE, FLORIDA

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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: _____

DAVIS DENNES

DATE: _____

8/18/03

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