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SECRETARY OF STATE TALLAHASSEE, FLORID,



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LAZARUS CORPORATE FILIN	G SERVICE	
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3320 S.W. 87 AVENUE		
MIAMI, FLORIDA (305)552-5973	· E.,	
	<u>L</u>	OFFICE USE ONLY
CORPORATION NAME(S) & DO	CUMENT NUMBEI	K(S) (if known):
	ICAL SUP	PLY RENTAL INC.
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NEW FILINGS Profit	AMENDMENT Amendment	5
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Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	Examiner's Initials

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

FOREVER MEDICAL SUPPLY RENTAL INC.

ARTICLE II - PRINCIPAL OFFICE

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

4950 WEST FLAGLER ST. STE # 1 MIANI Fl. 33134

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SARA GARQIA 4950 West FlagLen ST Ste #1 Miami Fl. 33134

ARTICLE V - INCORPORATOR

MIANI

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

ADDRODO GONEZ

4950 WEST Flagler

Flagler

STE # :

33134

The undersigned incorporator has executed these Articles of Incorporation this 14 day of 2003 Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): ALETANDRO GOMEZ (PRESIDENT) SARA GARAIA (VICE PRESIDENT). 4950 WEST FLACLER ST. STE # 1 PLIAMI FI 33734
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature