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January 15, 2004

MICHELE SMITH BELL MILTON J. FIGUEROA KATHRYN L. KASPEZAE MARY BETH LIBERTO STEPHEN P. MATZUE JENNIFER L. PHILLIPS MATTHEW P. TABAEMAN JOHN J. TRESS, III RAMON VAZQUEZ PHILIP J. WALLACE JAY M. YENOR, III

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: A & S DISCOUNT MEDICAL SUPPLIES, INC.

Dear Sir or Madam:

Enclosed are the signed original and two signed copies of the Articles of Incorporation of the above corporation. In addition, you will find check number 4485 in the amount of \$87.50 to cover the filing fees and the cost of the certified copies of the documents.

Please process this filing promptly and return the certified copies to this office. Should you have any questions, please do not hesitate to contact the undersigned.

 $A M M \Lambda \Lambda$

Militon J. Figueropa

MJF/tg Enclosures

ED

ARTICLES OF INCORPORATION OF A & S DISCOUNT MEDICAL SUPPLIES, INC.

04 JAN 21 PM 3:54

ECKETARY OF STATE

TALLAHASSEE, FLORIDA The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation:

ARTICLE I NAME AND PRINCIPAL ADDRESS OF THE CORPORATION

The name of this corporation is: A & S DISCOUNT MEDICAL SUPPLIES, INC. The principal place of business and mailing address of the corporation is: 6406 Clemson Dr., Altamonte Springs, FL 32714.

ARTICLE II NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) which shall be designated common stock at a par value of One Dollar (\$1.00) per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent of the corporation is: SILVIA OSORIO, 360 Radebaugh Dr., Longwood, FL 32779.

ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI DIRECTORS

This corporation shall have two (2) Directors initially. The names and addresses of the initial directors of this corporation are as follows:

SILVIA OSORIO, 360 Radebaugh Dr., Longwood, FL 32779 ARACELY ROBLEDO, 6406 Clemson Dr., Altamonte Springs, FL 32714

ARTICLE VII OFFICERS

The names, addresses and positions of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President/

ARACELY ROBLEDO

Secretary

6406 Clemson Dr.

Altamonte Springs, FL 32714

Vice-President/

SILVIA OSORIO

Treasurer

360 Radebaugh Dr.

Longwood, FL 32779

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is SILVIA OSORIO, 360 Radebaugh Dr., Longwood, FL 32779.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation of A & S DISCOUNT MEDICAL SUPPLIES, INC. this <u>/5</u> day of January 2004.

SILVIA OSORIO

STATE OF FLORIDA COUNTY OF ORANGE

WITNESS my hand and official seal in the County and State last aforesaid this <u>running</u> day of January 2004.

Notary Public Signature

Notary Public Printed Name My Commission Expires:



TILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

OL JAN 21 PM 3:54
SEUKETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws 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 A & S DISCOUNT MEDICAL SUPPLIES, INC.
- 2. The name and address of the registered agent and office is: SILVIA OSORIO, 360 Radebaugh Dr., Longwood, FL 32779.

Date: January <u>/5</u>, 2004

SII VIA OSORIO

ACCEPTANCE

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.

Date: January 15, 2004 ...

SILVIA OSORIO

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 6 day of January 2004, by SILVIA OSORIO who is personally known to me or was identified by me as follows:

Ol Viver's License ... He (did) (did not) take an oath.

Notary Public Signature

Notary Public Printed Name My Commission Expires:

