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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

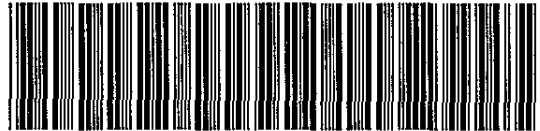
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04 MAR 17 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF INCORPORATION

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04 MAR 17 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

General Medical Supply Inc.

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.

## ARTICLE I NAME

The name of the corporation shall be:

General Medical Supply Inc

## ARTICLE II PRINCIPAL OFFICE

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

General Medical Supply Inc.  
1055 East 4th Avenue Suite. (B) Hialeah, Florida 33010

## ARTICLE III SHARE

(60 NONE FOR VALUE)

## ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose R. Rodriguez  
1055 East 4th Avenue Suite. (B) Hialeah, Florida 33010

## ARTICLES V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address (es) of the incorporator(s) to these Article of Incorporation is (are):

Jose R. Rodriguez  
1055 East 4th Avenue Suite. (B) Hialeah, Florida 33010

The undersigned incorporator(s), has(have) executed these Articles of incorporation this

March 11, 2004

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required.**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STAMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

**1. The name of the corporation is:**

General Medical Supply., Inc.  
1055 East 4th Avenue Suite. (B) Hialeah, Florida 33010

**2. The name and address of the registered agent and office is:**

Jose R.Rodríguez.

NAME

1085 East 4th Avenue Suite# (B) ,


(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

Hialeah, Florida 33010

(CITY/STATE/ZIP)

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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)

03/11/04  
(Date)