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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:

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04 APR 22 AM 9:40

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SEASIDE MEDICAL SUPPLY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

(4)

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ARTICLES OF INCORPORATION
OF
SEASIDE MEDICAL SUPPLY, INC.

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation for profit under the laws of the State of Florida.

ARTICLE I-NAME

The name of the corporation is SEASIDE MEDICAL SUPPLY, INC.

ARTICLE II-NATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this corporation are to carry on in any capacity and business or trade deemed legal in the State of Florida.

ARTICLE III-CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 500 shares of common stock, each share having a par value of \$1.00.

ARTICLE IV-TERM OF EXISTENCE

The corporation shall have perpetual existence.

ARTICLE V-ADDRESS

The initial street address of the principal office of this corporation is to be:

7305 West 14th Avenue
Hialeah, FL 33014

the board of directors may from time to time designate such other address and place for the principal office of this corporation as it may see fit.

ARTICLE VI-REGISTERED AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That, SEASIDE MEDICAL SUPPLY, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Article of Incorporation at the City of Hialeah, County of Miami-Dade, has named:

This instrument was prepared by:

RUBEN E. DORTA, P.A.
6011 West 16th Avenue
Hialeah, FL 33012
FBN.: 441066

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PRISCILLA HERNANDEZ
7305 West 14th Avenue
Hialeah, FL 33014

as its agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.


PRISCILLA HERNANDEZ, Registered Agent

ARTICLE VII-DIRECTORS

The corporation shall have 1 director initially. The number of directors may be increased or diminished from time to time by the By-laws, but shall never be less than one.

ARTICLE VIII-INITIAL DIRECTORS

The names and street addresses of the initial director who shall hold office until his successor(s) is elected and has qualified are as follows:

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND DIRECTOR

PRISCILLA HERNANDEZ
7305 West 14th Avenue
Hialeah, FL 33014

ARTICLE IX-INCORPORATOR

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

PRISCILLA HERNANDEZ
7305 West 14th Avenue
Hialeah, FL 33014

ARTICLE X-EFFECTIVE DATE

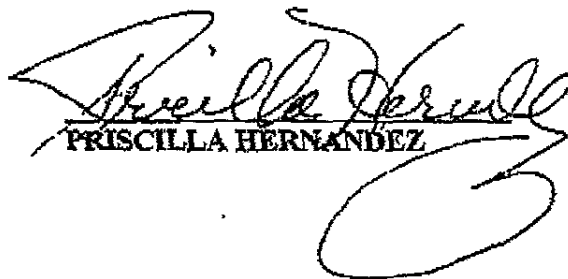
These Articles of Incorporation shall be effective upon acceptance by the Secretary of State.

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ARTICLE XI-AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote thereof, manifesting their intention that a certain amendment to these Articles of Incorporation be made.

IN WITNESS WHEREOF, I have hereunto set our hands and seals, acknowledged and filed this foregoing Articles of Incorporation under the laws of the State of Florida, this 21 day of April, 2004.


PRISCILLA HERNANDEZ

STATE OF FLORIDA)

:SS

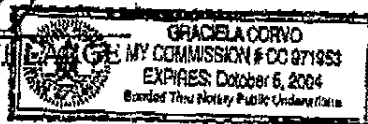
COUNTY OF MIAMI- DADE)

BEFORE ME, the undersigned authority, personally appeared, PRISCILLA HERNANDEZ, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following forms of identification of the above-name person: personally known

WITNESS my hand and official seal, this 21 day of April, 2004, in the County and State aforesaid.



NOTARY PUBLIC, STATE OF FLORIDA AND
My commission expires:



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