

P04000080038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

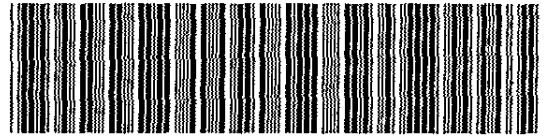
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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: DIABETIC HEALTH SUPPLY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MATTHEW AND LYNN REDAVID  
Name (Printed or typed)

9031 PITTSBURGH BLVD  
Address

FT. MYERS, FL 33912  
City, State & Zip

(239) 481-1573  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

DIABETIC HEALTH SUPPLY, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9031 PITTSBURGH BLVD.  
FT. MYERS, FL 33912

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH SUPPLY DISTRIBUTOR

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LYNN C. REDAVID	MATTHEW J. REDAVID
9031 PITTSBURGH BLVD	9031 PITTSBURGH BLVD
FT. MYERS, FL 33912	FT. MYERS, FL 33912
PRESIDENT, SECRETARY	V-PRESIDENT, TREASURER

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LYNN REDAVID  
9031 PITTSBURGH BLVD.  
FT. MYERS, FL 33912


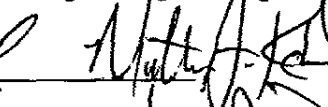
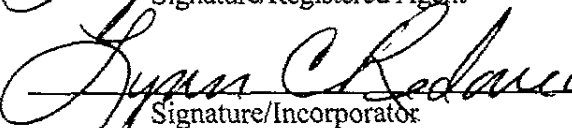
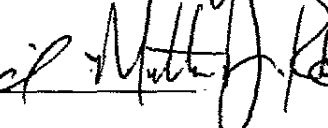
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MATTHEW AND LYNN REDAVID  
9031 PITTSBURGH BLVD.  
FT. MYERS, FL 33912

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

		5/8/04
Signature/Registered Agent		Date
		5/8/04
Signature/Incorporator		Date