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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: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

2004 JUL 28 AM 9:29
FILED
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

all medx supply, inc.

Certificate of Status	0
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7-28-04

ARTICLES OF INCORPORATION

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

2004 JUL 28 AM 9:29

ARTICLE I NAME

The name of the corporation shall be:

STATE OF FLORIDA
TALLAHASSEE FLORIDA

All Medx Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9500 SW 36 Street, Miami, Florida 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any business permitted under Florida Law

ARTICLE IV SHARES

The number of shares of stock is:

100 @\$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leidy Cabrera, President 9500 SW 36 Street, Miami, Florida 33165

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Leidy Cabrera, 9500 SW 36 Street, Miami, Florida 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leidy Cabrera, 9500 SW 36 Street, Miami, Florida 33165

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

Leidy Cabrera
Signature/Registered Agent

7-28-04
Date

Leidy Cabrera
Signature/Incorporator

7-28-04
Date

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