Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001617373)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE

ş.A

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL & EQUIPMENT SUPPLIES DISTRIBUTORS, INC,

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filling Menu:

Corporate Filing

Public Access Help

8/4/04 4 54 THEY 6

ARTICLES OF INCORPORATION MEDICAL & EQUIPMENT SUPPLIES DISTRIBUTORS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL & EQUIPMENT SUPPLIES DISTRIBUTORS, INC.

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

1895 W Flagler St. Suite # 273, Miami, Florida 33135

ARTICLE II NATURE OF BUSINESS

This corporation does import and export, medical and equipment supplies, parts and accessories and may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares \$1.00 par value

ARTICLE IV TERMS OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Hispano Americana De Servicios 1885 W Flagler St. Suite # 11 Miami. Florida 33135

H04000161737 3

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation \(\Delta\) s existence or until their successor(s) is(are) elected,

Dr. Tulio A. Ramirez Paniagua President 1895 W Flaiger St. # 273 Miami, Florida

ARTICLE VI INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these articles of incorporation is(are):

Dr. Tulio A. Ramirez Paniagua President 450 shares (45 %) 1895 W Flalger St. # 273 Miami, Florida

Centro Diagnostico y Especializado, S.A. 550 Shares (55%)
Calle Pedro Ignacio Espalliant # 55
Gascue, Santo Domingo
Republica Dominicana

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29th day of July, 2004

	S	Signature(s) of Incorporator(s)	
J	amey		
			
 			

FILE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation	
MEDICAL & EQUIPMENT SUPPLIES DISTRIBUTORS, INC.	
2. The name and address of the registered agent and office is:	SECRET
1895 W Flasler St. # 273 Miami. Florida 33135	AR J
(P.O. BOX NOT ACCEPTABLE)	of A
(ADDRESS OFFICE)	\$ 5
SIGNATURE (scalporate selfcor) TITLE President DATE 07/29/04	<u></u>
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE A STATED CORPORATION, AT THE PLACE DESIGNATED IN CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STAR RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SE 607.325, FLORIDA STATUTES. SIGNATURE DATE 07/29/04	THIS AND I TUTES OF MY