

# P05000030/93

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

**FLORIDA PROFIT CORPORATION OR P.A.**

**A.C. HEALTH CARE SUPPLY COMPANY, INC.**

Certificate of Status	0
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Page Count	03
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JAILAN M. BROWN, FLORIDA

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**ARTICLES OF INCORPORATION**  
**OF**  
**A.C. HEALTH CARE SUPPLY COMPANY, INC.**

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

**ARTICLE I: NAME**

The name of the corporation is **A.C. HEALTH CARE SUPPLY COMPANY, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business is and mailing address of the corporation is 3785 NW 82<sup>nd</sup> Ave., Suite 315, Miami, FL 33166.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Barry S. Mittelberg Esq., 8100 N. University Dr., Suite 102, Ft. Lauderdale, FL 33321.

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

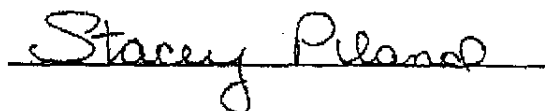
**ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of the initial Board of directors is Mohamed Shafeek, 3785 NW 82<sup>nd</sup> Ave., Suite 315, Miami, FL 33166.

**ARTICLE VII: INDEMNIFICATION**

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 28<sup>th</sup> day of February 2005.  
Your Capital Connection, Inc., by Stacey Piland, Client Representative

A handwritten signature in cursive script, reading "Stacey Piland", is written over a horizontal line.

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: A.C. HEALTH CARE SUPPLY COMPANY, INC.

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

Barry S. M. Helberg Esq.  
2100 W. University Drive, Suite 102  
Ft Lauderdale FL 33321

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.

Barry S. M. Helberg

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