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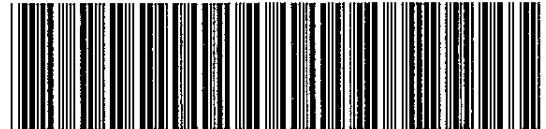
(Business Entity Name)

(Document Number)

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06/21/05--01048--022 **78.75

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05 JUN 23 PM 12:06

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COURT
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05 JUN 21 AM 11:20

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Handwritten: 30604
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Handwritten signature and date: 6/22/05

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FAMILY'S CARE MEDICAL SUPPLY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☐ Will wait

2.00

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 22, 2005

LAZARUS

SUBJECT: FAMILY'S CARE MEDICAL SUPPLY INC.
Ref. Number: W05000030674

RECEIVED
05 JUN 23 AM 11:42
DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

We have received your document for FAMILY'S CARE MEDICAL SUPPLY INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000090561- FAMILY'S CARE MEDICAL SUPPLY, INC.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 805A00042736

ARTICLES OF INCORPORATION

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

05 JUN 23 PM 12:06

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

COVERAGE MEDICAL SUPPLY, INC

ARTICLE II - PRINCIPAL OFFICE

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

1701 WEST FLAGLER ST SUITE # 220
MIAMI, FL 33135

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE ROBERTO DUEÑAS
1430 BRICKELL BAY DRIVE # 508
MIAMI, FL 33131

ARTICLE V - INCORPORATOR

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

1430 BRICKELL BAY DRIVE #508
MIAMI, FL 33131 JOSE ROBERTO DUENAS

The undersigned incorporator has executed these Articles of Incorporation this 20 day of JUNE 2005


Signature

ARTICLE VI- DIRECTOR(S)

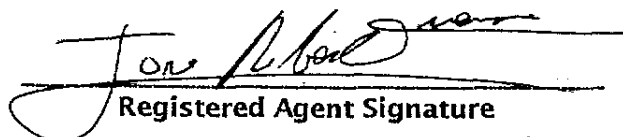
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JOSE ROBERTO DUENAS (P)
1430 BRICKELL BAY DRIVE #508
MIAMI, FL 33131

FILED
05 JUN 23 PM 12:06
TALLAHASSEE, FLORIDA
CLERK OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature