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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 : XIOMERA LEE, P.A.
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Phone : (305)262-2323
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

FLORIDA PROFIT CORPORATION OR P.A.

G MEDICAL SUPPLIES INC.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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J. C. Myers SEP 06 2005

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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:

G MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6555 NW 36TH ST SUITE B215

VIRGINIA GARDENS, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SUPPLIES

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):

GUILLERMO CORRALES (PRESIDENT/DIRECTOR)

6555 NW 36TH ST SUITE B215

VIRGINIA GARDENS, FL 33166

ARTICLE VI REGISTERED AGENT

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

GUILLERMO CORRALES

6555 NW 36TH ST SUITE B215

VIRGINIA GARDENS, FL 33166

ARTICLE VII INCORPORATOR

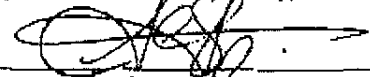
The name and address of the Incorporator is:

GUILLERMO CORRALES

6555 NW 36TH ST SUITE B215

VIRGINIA GARDENS, FL 33166

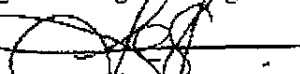
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 

Signature/Registered Agent

09/06/2005

Date

x 

Signature/Incorporator

09/06/2005

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA