P06000118585

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 13 AM 11:55

Florida Department of State
Division of Corporations
Public Access System

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.

(((H06000227522 3)))

H06000227522 3ABC-

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FLORIDA PROFIT/NON PROFIT CORPORATION

SUNSHINE MEDICAL SUPPLY SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

P.1 3054444977 ECFS Sep 13 2006 1:57

D. Brown SEP 14 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 13 AM 11:55

ARTICLES OF INCORPORATION (((H06000227522)))

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

ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE MEDICAL SUPPLY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1111 SW 8TH ST SUITE: 205
MIAMI FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSA P. GUSHIKEN - PRESIDENT
1111 SW 8TH ST SUITE: 205
MIAMI FL 33130

ARTICLE VI REGISTERED AGENT

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

ROSA P. GUSHIKEN
1111 SW 8TH ST SUITE: 205
MIAMI FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ROSA P. GUSHIKEN
1111 SW 8TH ST SUITE: 205
MIAMI FL 33130

****

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

Rosa Gushiken — Signature/Registered Agent — 09-13-06 — Date

Rosa Gushiken — Signature/Incorporator — 09-13-06 — Date