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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
Account Number : I20010000099  
Phone : (775) 884-1357  
Fax Number : (775) 882-6818

FLORIDA PROFIT/NON PROFIT CORPORATION

ACCURATE MEDICAL SOLUTIONS, INC.

Certificate of Status	1
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**ARTICLES OF INCORPORATION  
OF  
ACCURATE MEDICAL SOLUTIONS, INC.**

**FILED**  
08 JUL -3 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F. S. (Profit) 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 shall be: **ACCURATE MEDICAL SOLUTIONS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business address is: 1301 Central Park Drive, Sanford, FL 32771.

The Mailing Address: 1301 Central Park Drive, Sanford, FL 32771.

**ARTICLE III: SHARES**

The number of shares of stock is 50,0000 (Fifty Thousand) shares with a no par value (\$0).

**ARTICLE IV: INITIAL REGISTERED AGENT**

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

Florida Business Formation, Inc.

20 S. Broad Street

Brooksville Florida, 34601

**ARTICLE V: INCORPORATOR**

The name and address of the Incorporator is:

Alan Teegardin  
Florida Formation, Inc.  
20 S. Broad Street  
Brooksville, Florida, 34601

**ARTICLE VI: PURPOSE**

The purpose for which the corporation is organized is medical equipment distribution.

**ARTICLE VII: INITIAL OFFICERS/DIRECTORS**

The name and address: Chesley Ellis, 1301 Central Park Drive, Sanford, FL 32771.

**ARTICLE VIII: DURATION and EFFECTIVE DATE**

As provided in Florida Statutes, Chapter 607, this corporation shall exist in perpetuity.

The effective date shall be the date of filing of this corporation with the Florida Division of Corporations.

**ARTICLE IX: PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he/she or it already holds, shall have the right to purchase his/ or its prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which the same is offered to others.

**ARTICLE X: BOARD OF DIRECTORS**

This corporation shall have director(s) initially. The number of directors may be either increased or decreased from time to time by the by-laws, but shall never be less than one (1).

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

Florida Business Formation, Inc.

20 S. Broad Street

Brooksville Florida, 34601

**ARTICLE XI: BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and shareholders.

**ARTICLE XII: AMENDMENT**


This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

**ARTICLE XIII: INDEMNIFICATION**

In addition to any rights and duties under applicable law, the corporation shall indemnify and hold harmless all its directors, officers, employees and agents, and former directors, officers, employees and agents from and against all liabilities and obligations including attorney's fees, incurred in connection with any actions taken or failed to be taken by said directors, officers, employees and agents in their capacity as such, except for willful misconduct or gross negligence.

The undersigned has executed these Articles of Incorporation this 2nd day of July, 2008.

Florida & Offshore Business Formation, Inc. by its agent, Alan Teegardin.

A handwritten signature in cursive script, appearing to read "Alan Teegardin", is written over a horizontal line.

Alan Teegardin, Incorporator

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the company is: Accurate Medical Solutions, Inc.,
2. The name and address of the registered agent and office is:

Florida Business Formation, Inc.  
20 S. Broad Street  
Brooksville, FL 34601

Having been named as registered agent and to accept service of process for the above stated company 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.

  
Alan Teegardin  
For and on behalf of Florida  
Business Formation, Inc.

Dated: 7/2/08

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