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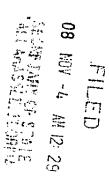
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified copies				
Chariet lestwetions to Filips Officer				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	GLOBAL MEDICAL DISTRIBUTORS CORP		
SUBJECT:		TE NAME – MUST INCLI	JDE SUFFIX)
Enclosed are	e an original and one (1) co	* -	orporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of status
FRO	CALVIN	CAO	
		Name (Printed or typed)	
	2203 N. L	OIS AVE, 9 TH FLOOR	
	ТАМРА	Address FL 33607	
		City, State & Zip 113-610-3216	
	Daytir	ne Telephone number	

NOTE: Please provide the original and one copy of the articles.

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:

GLOBAL MEDICAL DISTRIBUTORS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

CALVIN CAO 2203 N. LOIS AVE., 9TH FLOOR TAMPA, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTORS OF MEDICAL EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

CALVIN CAO, PRESIDENT 2203 N. LOIS AVE., 9TH FLOOR TAMPA, FL 33607

ARTICLE VI REGISTERED AGENT

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

CALVIN CAO, PRESIDENT 2203 N. LOIS AVE., 9TH FLOOR TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

CALVIN CAO, PRESIDENT 2203 N. LOIS AVE., 9TH FLOOR TAMPA, FL 33607

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.

Signature/Registered Agent

Signature/Incorporator

10/27/08

Date

10/29/08

Date