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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PROGRSSIVE HEALTH SUPPLY & SOURCE OF FLORIDA
CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

The name of the corporation shall be:

Progressive Health Supply & Source of Florida Corp.

ARTICLE II - PRINCIPAL OFFICE

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

*14954 SW 142 place
Miami, FL 33186*

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:

*Julio GINER
14954 SW 142 place
Miami, FL 33186*

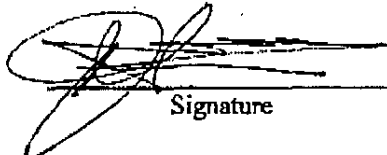
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H10000174265 SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLE V - INCORPORATOR

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

Julio GINER
14954 SW 142 place
Miami, FL 33186

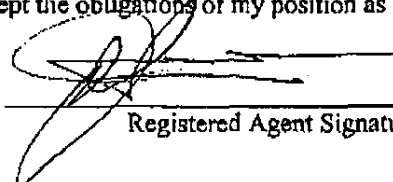
The undersigned incorporator has executed these Articles of Incorporation this
2nd day of August 2010.
SignatureARTICLE VI- DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Julio GINER
14954 SW 142 place
Miami, FL 33186
President

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

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