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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
J.P MEDICAL SUPPLY, INC**

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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 is:J. P. Medical Supply inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11595 Kelly Rd Suite 112
FT MYERS, FL 33908.**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JULIO PEREZ - (President)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

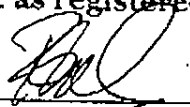
11595 Kelly Rd Suite 112
FT, MYERS, FL, 33908.
JULIO PEREZ**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:11595 Kelly Rd Suite 112.
FT, MYERS, FL 33908
JULIO PEREZSECRETARY OF STATE
TALLAHASSEE, FL

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Required Signatures:

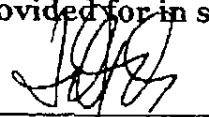
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

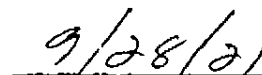


Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

Date

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