CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 12301 904-222-9171 904-222-0393 FAX

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SECRETARY OF THE TALLARIA DELIVED IN

MAIL TO: P.O. Box 5828

TALLAHASSEC, FL 32314 ACCOUNT NO. : 072100000032

REFERENCE : 518548 1430134

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: January 4, 1995

ORDER TIME : 3:54 PM

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ORDER NO. : 518548

CUSTOMER NO: 143013A

CUSTOMER: Mr. Keller Smith

MR. KELLER SMITH

280 Kirby Thompson Road

Alva, FL 33920

#### DOMESTIC FILING

NAME:

DIABETIC SUPPLY FOUNDATION OF

MUSE, INC.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

FILED

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MELAN STATEMENT

#### ARTICLES OF INCORPORATION

OF

DIABETIC SUPPLY FOUNDATION OF MUSE, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

DIABETIC SUPPLY FOUNDATION OF MUSE, INC.

The address of the principal office of this corporation
shall be 380 Kirby Thompson Road, Alva, Florida 33920,
and the mailing address of the corporation shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 2,000 shares of common stock having \$20 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

Keller Smith Dir.

380 Kirby Thompson Road, Alva, Florida 33920

#### ARTICLE VII. INCORPORATOR

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

Corporate Agents, Inc. 1201 Hays Street Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on January 5, 1995.

Its/Agent, Gail Shelby )
Incorporator

## ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

Bv •

Its Agent, Gail Shelby

Authorized Service Representative Corporation Service Company

JAB/cmh

# 95000001381

| - Diabetic Supply Foundation 330 Kizby Thompson RD - Alva, FC 33920 | 1 <u> </u>  | ·               |  |
|---------------------------------------------------------------------|-------------|-----------------|--|
| (City, State, Zip) (Phone #)                                        | <del></del> | OFFICE USE ONLY |  |

Examiner's Initials

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS 95 MAY 31 PH 3: 35 **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

CR2E031(10/92)

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the accidence of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered offic 2 or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Diabetic supply foundation of Muse, Inc. 1b. The mailing address of the corporation is: 380 Kirby Thompson Rd, Alva, Fl 33920 1c. Date of incorporation: January 6, 1995 Document number: P95000001381 2. The name and address of the current registered agent and office: KONNECOMECOrporation Service Company 1201 Hays St XXXXXXXXXXX 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Keller L. Smith 380 Kirby Thompson Rd Alva, Fl 33920 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. R\_CP. May 19, 1995 (Signature of an officer, chairman or vice chairman of the board) (Date) Keller L. Smith, President (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointmentas registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered/agent. الع

(Signature of Registered Agent)

FILING FEE: \$35.00