CORPORATION INFORMATIO SERVICES, INC. . 1201 HAYS STREET TALLAHASSEE, FL 3230 904-222-9171 904-222-0393 FAX

So networks

95 JAN 19 PM 3: 16 DIVISION OF CORPORATION

MAIL TO: P.O. Box 5828 TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE: 527557

10462A

AUTHORIZATION :

COST LIMIT : \$ 70.0

ORDER DATE : January 19, 1995

ORDER TIME : 2:13 PM

700001384767

ORDER NO. : 527557

CUSTOMER NO:

10462A

CUSTOMER: Ronald W. Rudolph, Esq

RONALD W. RUDOLPH, ESQ

Suite 308

9200 South Dadeland Boulevard

Miami, FL 33156

DOMESTIC FILING

000005002

NAME:

AMERICAN MEDICAL LIQUIDATORS,

INC.

XX ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

SECRETA TALLAHASS E, FLORIDA

ARTICLES OF INCORPORATION

OF

AMERICAN MEDICAL LIQUIDATORS, 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:

AMERICAN MEDICAL LIQUIDATORS, INC.

The address of the principal office of this corporation shall be 7855 Northwest 12th Street, No. 202, Miami, Florida 33126, 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 50 shares of common stock having \$100.00 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 Information Services, Inc.

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 two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Rosa Pasqual Dir.

7855 Northwest 12th Street, NO. 202 Miami, Florida 33126

Julio Guardado

Same

Dir.

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Rosa Pasqual Pres.

7855 Northwest 12th Street, No. 202 Miami, Florida 33126

Julio Guardado V. Pres./Sec.

Same

ARTICLE VIII. INCORPORATOR

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

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on January 19, 1995.

CORPORATION INFORMATION SERVICES, INC.

Its Agent, Karen B. Rozar

SECONDAN 19 M 7:41
ED

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida 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.

CORPORATION INFORMATION SERVICES, INC.

Its Agent, Karen B. Rozar

GLS/jwk

P9500005002

(DAD 9200 Miz	LAW OFFICES ALD W. RUDOLPH ELAND TOWERS - SUITE 308 BOUTH DADELAND BOULEVARD AMI, FLORIDA 33156 - 2703 ME(S) & DOCUMENT NUM	OFFICE USE ONLY BER(S) (if known):	800001389728 -01/26/9501021001 ****105.00 *****35.00
1. (Corpor	ation Name)	(Document #)	-
2. (Corporation Name)		{Document #}	
3. (Corpora	tion Name}	(Document #)	
Walk in I	Pick up timePhotocopy	(Document #) Certified Copy Certificate of State	ine.
NEW FILINGS	AMENDMENTS		
Profit NonProfit	Amendment		
Limited Liability	Resignation of R.A., Officer Change of Registered Agen		
Domestication	Dissolution/Withdrawal		
Other	Merger	J-0	
OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		

Other

CR2E031(10/92)

Examiner's Initials

Charter No. <u>P9500060 5002</u>.

Date Filed <u>119 95</u>

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and signed corporation, organized under the laws of the S	itate of Flonda, submits the following statement for			
the nurpose of changing its registered office and regis	tered agent in the State of Florida.			
1. The name of the corporation is: AMERICAN	MEDICAL LIQUIDATORS, INC.			
2. The name and address of its present registered ago	ent is:			
CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301				
3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)				
MIAMI, FLORIDA 33156	RONALD W. RUDOLPH			
RONALD W. RUDOLPH	9200 SO. DADELAND BLVD. #308 MIAMI, FLORIDA 33156			
 The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. JULIO GUARDADO - VICE RES. Signature (President or Vice President) 				
Da	ne 1 23 95			
ABOVE STATED CORPORATION AT THE PLACE ACCEPT THE APPOINTMENT AS REGISTERED AGI THER AGREE TO COMPLY WITH THE PROVISION AND COMPLETE PERFORMANCE OF MY DUTIE	AND TO ACCEPT SERVICE OF PROCESS FOR THE DESIGNATED IN THIS CERTIFICATE, I HEREBY ENT AND AGREE TO ACT IN THIS CAPACITY. I FURNS OF ALL STATUTES RELATIVE TO THE PROPER IS, AND I AM FAMILIAR WITH AND ACCEPT THE ED AGENT UNDER SECTION 607.0505, FLORIDA PH (D. #308			