

P9500005100

TRANSMITTAL LETTER

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

FILED
95 JAN 17 AM 10:15
TALLAHASSEE, FLORIDA

SUBJECT: International HealthCare Distributors, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

200001383262
-01/18/95--01103--016
****131.25 ****131.25

FROM: Robert Monte
Name (printed or typed)
401 So. Lincoln Ave. Suite B
Address
Clearwater, Florida 34616
City, State & Zip
(813) 449-2243
GAVE

AUTHORIZATION BY PHONE TO
CORRECT Prop. of business
DATE 1-19-95
DOC EXAM Donna Brown
Daytime Telephone number

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

D. BROWN JAN 20 1995

Articles of Incorporation of International HealthCare Distributors, Inc.

FILED
55 JAN 17 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, natural person competent to contract, hereby form a corporation under the laws of the State of Florida.

Article I - Corporate Name

The name of this corporation: International HealthCare Distributors, Inc.

Article II - Duration

This corporation shall exist perpetually unless dissolved according to Florida Law.

Article III - Purpose

This corporation is organized for the purpose of managing in any activities or business permitted under the laws of the United States and the State of Florida.

Article IV - Capital Stock

The corporation is authorized to issue one million shares of \$.001 par value Common Stock, which shall be designated "Common Shares".

Article V - Initial Registered Office and Agent

The name and address of the Initial Registered Agent of this Corporation is:

Mr. Robert Monte
L & M Group, LC
401 S. Lincoln Ave., Suite B
Clearwater, Florida 34616
(813) 449-2243

The principal place of business is the same as the registered office.

Article VI - Initial Board of Directors

This corporation shall have four (4) directors initially. The number of directors may either be increased or decreased from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of the corporation are as follows:

Owen Laughlin
401 S. Lincoln Ave.
Suite B
Clearwater, FL
34616

Robert Monte
401 S. Lincoln Ave.
Suite B
Clearwater, FL
34616

Irv. Blackman
3830 W. Estes
Lincolnwood, IL
60645

Dr. Roger Kay
14807 St. Ives
Tampa, FL
33617

Article VII - Incorporator

The name and address of the person signing these articles of incorporation:

Mr. Robert Monte
L & M Group, LC
401 SO. Lincoln Ave.
Clearwater, FL. 34616

Signature



Robert Monte

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: International HealthCare Distributors, Inc.

2. The name and address of the registered agent and office is:

Mr. Robert Monte

(Name)

401 So. Lincoln Ave. Suite B

(P.O. Box not acceptable)

Clearwater , Florida 34616

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

1/13/95
(Date)

DATE: June 12, 1995

Cynthia Woodyard; LEXIS Document Services

P95000005100

JURISDICTION: Secretary of State, Florida

RE: INTERNATIONAL HEALTHCARE DISTRIBUTORS, INC.

Filing Articles of Amendment

EXPEDITE N/A YES N/A NO

REFERENCE NUMBER: 1118837-1

Please return filed documents to our office via Federal Express, bill to our FedEx number.

SPECIAL INSTRUCTIONS:

Please call us when this document is filed.

Also please send the filed document to our office in a separate FedEx package.

Amend

FILED
JUN 19 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001520634
-06/22/95--01052--013
*****35.00 *****35.00

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Availability	Shankar, Jai
Document Examiner	ADH
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FILING	
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C. COPY	35
TOTAL	
RE. TAX	
RE. TAX	

Should there be any problems, please hold the document and call our office at: 800/217-3220

REQUESTING PARTY: Corporate Department
LEXIS Document Services Inc
801 Adlai Stevenson Drive
Springfield, IL 62703

Telephone: 800/217-3220
Fax: 800/217-3225
Federal Express: 0627-0021-1

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

INTERNATIONAL HEALTHCARE DISTRIBUTORS, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

Article IV - Capital Stock is hereby amended to read as follows:

Article IV - Capital Stock

The corporation is authorized to issue ten million (10,000,000) shares of \$0.001 par value Common Stock, which shall be designated "Common Shares".

Article VI is hereby deleted.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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95 JUN 13 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIRD: The date of each amendment's adoption: January 20, 1995.

FOURTH: Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20th day of January, 19 95.

Signature


(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

R. Owen Laughlin

Typed or printed name

Chairman of the Board of Directors/Chief Executive Officer

Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 31 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400001998314--3
-11/07/96--01005--014
****383.75 ****383.75

REINSTATEMENT 96

DOCUMENT # **P95000005100**

1 Corporation Name

INTERNATIONAL HEALTHCARE DISTRIBUTORS, INC.

Principal Place of Business

401 SOUTH LINCOLN AVENUE
SUITE B
CLEARWATER FL 34616

Mailing Address

401 SOUTH LINCOLN AVENUE
SUITE B
CLEARWATER FL 34616

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1995

5. FEI Number

59-3292506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAUGHLIN, OWEN	401 SOUTH LINCOLN AVENUE	CLEARWATER FL 34616
D	MONTE, ROBERT	401 SOUTH LINCOLN AVENUE	CLEARWATER FL 34616
D	BLACKMAN, IRV.	3830 W. ESTES	LINCOLNWOOD IL 60465
XX	XX XX XX XX	XXXXXX XX XX	XXXXX XXXXX DELETE

8. Name and Address of Current Registered Agent

MONTE, ROBERT
L & M GROUP, LC
401 S. LINCOLN AVE., SUITE B
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

same

Suite, Apt. #, Etc.

same

City

same

State
FL

Zip Code
same

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date

10/30/96

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Monte

10/30/96 (813) 449-2243
Date Daytime Phone #