

P9500005378

ALAN J. MARCUS
Attorney at Law
Aventura Corporate Center
20803 Biscayne Boulevard, Suite 301
North Miami Beach, Florida 33180
Telephone (305) 937-1800
Telefax (305) 937-1857

FILED
95 JAN 18 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 13, 1995

VIA EXPRESS MAIL

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

EFFECTIVE DATE

1-12-95

800001383298
-01/18/95--01104--010
***122.50 ***122.50

RE: COMPLETE CARE MEDICAL EQUIPMENT, INC.

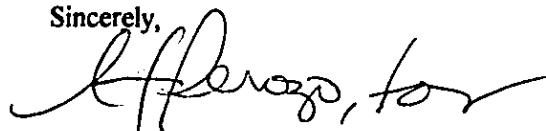
Dear Sir or Madam:

Enclosed please find an original and copy of Articles of Incorporation for the above referenced corporation. I have also enclosed a check, in the amount of \$122.50 representing the filing fee for the corporation and the amount to obtain a certified copy of the articles.

I have also enclosed a return Federal Express Airbill in order that the certified copy may be returned to the undersigned as soon as possible.

If you have any questions or comments please do not hesitate to contact me.

Sincerely,



ALAN J. MARCUS

AJM:ap
encl.

D. BROWN JAN 20 1995

EFFECTIVE DATE
1-18-95

ARTICLES OF INCORPORATION
OF
COMPLETE CARE MEDICAL EQUIPMENT, INC.

FILED
05 JAN 18 PM 3:12
TALL
STATE
FLORIDA

ARTICLE I - NAME OF CORPORATION

The name of the corporation shall be COMPLETE CARE MEDICAL EQUIPMENT, INC.

ARTICLE II - CORPORATE ADDRESS

The principal office of the corporation and mailing address is 4590 W. 8th Place, Hialeah, Florida 33012.

ARTICLE III - BEGINNING OF CORPORATE EXISTENCE

The existence of this corporation shall commence on the 12 day of January, 1995; provided that if such day be authorized under law, then on the earliest day allowable pursuant to Florida law for commencement of corporate existence.

The existence of this corporation shall be perpetual.

ARTICLE IV - PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE V - CAPITAL STOCK

The capital stock authorized, the par value thereof, and the class of such stock shall be as follows:

<u>NUMBER OF SHARES AUTHORIZED</u>	<u>PAR VALUE PER SHARE</u>	<u>CLASS OF STOCK</u>
1,000	\$1.00	Common

ARTICLE VI - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for each cash or any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED AGENT AND OFFICE

The street address of the initial registered office of this corporation and the name of the initial registered agent of this Corporation at such address are as follows:

<u>REGISTERED AGENT</u>	<u>STREET ADDRESS OF REGISTERED AGENT</u>
ALAN J. MARCUS, ESQ.	20803 Biscayne Blvd. Suite 301 N. Miami Beach, FL 33180

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

The corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-laws but shall never be less than one. The initial director of this Corporation shall be the incorporator named below.

ARTICLE IX - INCORPORATOR

The name and address of the person signing these Articles is:

NAME

ALAN J. MARCUS, ESQ.

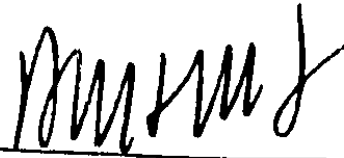
ADDRESS

20803 Biscayne Blvd.
Suite 301
N. Miami Beach, FL 33180

ARTICLE X - INDEMNIFICATION

The Corporation shall indemnify all officers and directors, and former officers and directors, to the fullest extent permitted by law as the law now exists or may be amended hereafter.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 12th day of January, 1995.



ALAN J. MARCUS
Incorporator

STATE OF FLORIDA)
)SS.
COUNTY OF DADE)

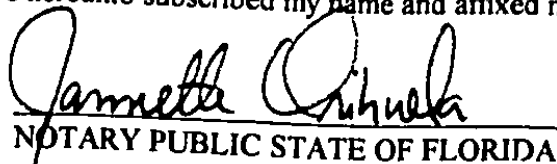
BEFORE ME, the undersigned authority, this day, personally appeared ALAN J. MARCUS to me ~~or~~ personally known, or () who presented as I.D.: _____ who did take an oath, and known to me to be the same person described in and who executed the foregoing Articles of Incorporation, and he acknowledged the foregoing to be his act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year above written.

SEAL:



JANNETTE ORIHUELA
My Commission CC425471
Expires Dec 08 1998
Bonded by HAI
800-422 1566



NOTARY PUBLIC STATE OF FLORIDA

Printed Name of Notary

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

COMPLETE CARE MEDICAL EQUIPMENT, INC.

FILED
55 JAN 18 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in submitted,
in compliance with said Act:

First - that COMPLETE CARE MEDICAL EQUIPMENT, INC.
desiring to organize under the law of the State of Florida, with its principal office as indicated in the
Articles of Incorporation at 4590 W. 8th Place, Hialeah, Florida 33012 appoints the undersigned as
its agent to accept service of Process within this State.

Having been named to accept Service of Process for the above stated Corporation at the place
designated in this Certificate, I am hereby familiar with and accept the duties and responsibilities as
Registered Agent for said corporation an to act in this capacity and agree to comply with the
provision of said Act relative to keeping open said office.



ALAN J. MARCUS, ESQ.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000005378**

1 Corporation Name

COMPLETE CARE MEDICAL EQUIPMENT, INC.

FILED
96 NOV 12 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~400 W. 11th PLACE~~
MIAMI BEACH FL 33132

~~400 W. 11th PLACE~~
MIAMI BEACH FL 33132

REINSTATEMENT 1996 *mwb 11-15-96*

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

2. New Principal Office Address, If Applicable
1490 West 49 Place
Suite, Apt. #, etc.
Suite # 311
City & State
MIA Beach, FL
Zip
33012 Country
USA

3. New Mailing Office Address, If Applicable
1490 West 49 Place
Suite, Apt. #, etc.
Suite # 311
City & State
MIA Beach, FL
Zip
33012 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
01/12/1985

5. FEI Number
05-0582167

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	Maricela Bacalho	5853 W 14th Ave	MIA Beach, FL 33012

400002009214--U
-11/20/96--01015--011
******375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS, ALAN J ESQ.
20803 BISCAYNE BOULEVARD
SUITE 301
NORTH MIAMI BEACH FL 33180

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent, hereby declare that I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **11-5-96**

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

(See other side for information on intangible tax.)

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 corporation 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

10/10/96 **(35)827-0028**
Date Daytime Phone #