February 7, 1995

Secretary of State State of Florida Division of Corporations Post Office Box 6327 Taliabassee, FL 32314

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Re: TOM MEDICAL CORPORATION

Dear Clerk:

Enclosed herewith please find the original Articles of Incorporation and Acceptance of Appointment as Registered Agent of TOM MEDICAL CORPORATION. Also enclosed is our check in the amount of \$122.50 to cover costs of filing fees, registered agent certificate and certified copy of incorporation.

Please file the enclosed and return a certified copy of the Articles of Incorporation to our address below.

If you have any que not a please contact the undersigned.

سده می است

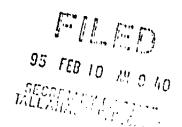
General Counsel

DML:ph Enclosures

Telephone: (813) 937-2511 Fax: (813) 934-9835

### ARTICLES OF INCORPORATION

OF



#### TOM MEDICAL CORPORATION

### ARTICLE I Name and Address

The name of this corporation is TOM MEDICAL CORPORATION, whose place of business is located at 3816 DeSoto Blvd., Palm Harbor, Florida 34683.

## ARTICLE II Duration

The term of existence of this corporation shall be perpetual.

# ARTICLE III Purpose

This corporation is organized for the purposes of transacting any and all lawful business.

# ARTICLE IV Capital Stock

This corporation is authorized to issue One Hundred Thousand (100,000) shares of common stock, which shall be designated "common shares". The consideration to be paid for each share shall be fixed by the Board of Directors. Common stock of the corporation may be issued as "small business corporation" stock in accordance with a plan or plans under the provisions of Section 1244 of the Internal Revenue Code of 1986.

All voting powers of this corporation shall be vested in the common stock above designated.

# ARTICLE V Initial Registered Office and Agent

The stroet address of the initial registered office of this corporation is 3816 DeSoto Blvd., Palm Harbor, Florida 34683, and the name of the initial registered agent of this corporation at that address is David M. Lee.

### ARTICLE VI Initial Board of Directors and Officers

This corporation shall have one (1) director(s) and/or officer(s) initially. The number of directors and/or officers may be either increased or diminished from time to time by the Bylaws, but shall never be less than one. The names and addresses of the initial directors and officers of this corporation are:

Name	

Address

Office

Thomas P. Osypka

304 W. Lennox Road

President/Secretary/

Palm Harbor, Florida 34683

Treasurer

## ARTICLE VII

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

Name

Address

David M. Lee

3816 DeSoto Blvd., Palm Harbor, Florida 34683

# ARTICLE VIII Bylaws

The power to adopt, alter, amend, or repeal Bylaws shall be vested in the Board of Directors and the shareholders.

# ARTICLE IX Shareholder Quorum and Voting

Fifty-One percent (51%) of the shares entitled to vote, represented in person or by proxy, shall constitute a quorum at a meeting of shareholders.

If a quorum is present, the affirmative vote of fifty-one percent (51%) of the shares represented at the meeting and entitled to vote on the subject matter shall be the act of the shareholders.

## ARTICLE X Powers

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act, and, in addition to and not in limitation thereof, this corporation shall have the power to guarantee the performances of obligations of other persons, partnerships, corporations, or other entities.

# ARTICLE XI Indomnification

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

### ARTICLE XII Amendment

The corporation reserves the right to amend or appeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this <u>7</u> day of February,1995.

Incorporator

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, DAVID M. LEE, to me personally known or who has produced a driver's license as identification and who did take an oath, and known to me to be the individual described in and who executed the

foregoing instrument and he acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal at Palm Harbor, said County and State, this day of February, 1995.

Notary Public,

Print Name / RISCILLA 4. HANG

My commission expires:

PRISCILLA A HART

MY COMMUSSION # 00160292 EXPIRES

April 28, 1993

BONDED THIS TROY FAIN HOUSENAME, INC.

### ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

#### **ACKNOWLEDGMENT:**

13

Having been named to accept service of process for TOM MEDICAL CORPORATION at the place designated in this Certificate, I hereby accept and agree to act in said capacity and agree to comply with the provisions of the Florida Corporation Act relative to keeping open said office.

DAVID M. LEE

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