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

Re: FLORIDA STATE MEDICAL SUPPLIES, INC.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, along with my check in the amount of \$122.50.

This represents the cost of the filing fees, certified copy of the Articles of Incorporation and fee for Registered Agent Designation for the above named corporation.

Very truly yours,


Edmund Keenan


Florida State Medical Supplies, Inc.

MAILING ADDRESS OF CORPORATION

3712 Terrapin Lane #1801
Coral Springs, FL 33071

PHONE (305) 755-8459

H. SIMS FEB 14 1995

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ARTICLES OF INCORPORATION

of

FLORIDA STATE MEDICAL SUPPLIES, INC.

(Name of Corporation)

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

ARTICLE I - CORPORATE NAME

The name of the corporation is: FLORIDA STATE MEDICAL SUPPLIES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according in Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging 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 FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common

Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

Name: <u>FLORIDA STATE MEDICAL SUPPLIES, INC.</u>	
Address: <u>3712 Terrapin Lane #1801</u>	
City: <u>Coral Springs</u>	FLORIDA Zip: <u>33071</u>

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

Name: <u>Edmund Keenan</u>	
Address: <u>3712 Terrapin Lane #1801</u>	
City: <u>Coral Springs</u>	FLORIDA Zip: <u>33071</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors 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 (1). The names and addresses of the Initial director(s) of the corporation are as follows:

	Director 1	Director 2	Director 3
Name:	<u>Edmund Keenan</u>		
Address:	<u>3712 Terrapin Lane #1801</u>		
City:	<u>Coral Springs</u>		
State:	<u>Florida</u>		
Zip:	<u>33071</u>		

ARTICLE VII - INCORPORATION

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

	Incorporator 1	Incorporator 2	Incorporator 3
Name:	Edmund Keenan		
Address:	3712 Terrapin Lane #1801		
City:	Coral Springs		
State:	Florida		
Zip:	33071		

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this
6th day of February, 1995.

Edmund Keenan (Seal)

____ (Seal)

____ (Seal)

STATE OF FLORIDA)
 SS
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

Edmund Keenan

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged

before me that he executed these Articles of Incorporation.

IN WITNESS WHERE, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 6th
day of February, 1995.

(Notary Seal)

Stephen J. West
(Notary Public, State of Florida At Large)

My Commission Expires:

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

of

FLORIDA STATE MEDICAL SUPPLIES, INC.
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.001 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation.

at 3712 Terrapin Lane #1801

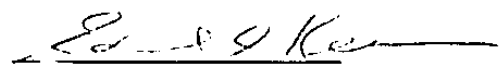
Coral Springs, FL 33071

has named Edmund Keenan

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with the provisions of Florida Law in keeping open said office.


(Registered Agent)