

195000015875

February 17th, 1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

RECEIVED 11-11-1995
02/21/95-01003-005
***122.50 ***122.50

DEAR MADAMS/SIRS:

HEREBY PLEASE FIND ENCLOSED DOCUMENTS TO FILE A CORPORATION WITHIN THE
STATE OF FLORIDA AND ALSO CHECK NO. 1619 . IN THE AMOUNT OF: \$122.50 TO
COVER THE FEES IN ORDER TO FILE IT.

PLEASE BE SO KIND TO SEND PAPERS BACK TO MY ATTENTION, DUE TO THE FACT
THAT I AM THEIR ACCOUNTANT AND THEY WANT ME TO HANDLE ALL THEIR AFFAIRS.
MAIL IT TO THE FOLLOWING ADDRESS:

MILDRED A. CRUZ-NATAL
P.O. BOX 590950
MIAMI, FLORIDA 33159-0950

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION
REGARDING THE ABOVE MENTIONED. I REMAIN.

YOURS TRULY.



MILDRED A. CRUZ-NATAL

SDC

cc:encl

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
65 FEB 24 PM 1:31

ARTICLES OF INCORPORATION

OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VIDA MEDICAL SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4471 N.W. 36th STREET, SUITE #223A
MIAMI SPRINGS, FLORIDA 33166

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GRACE RODRIGUEZ
11256 S.W. 159th AVENUE
MIAMI, FLORIDA 33186

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SECRETARY OF STATE
SECTION OF NOTIFICATIONS
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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANTONIA B. RODRIGUEZ
11256 S.W. 159th AVENUE
MIAMI, FLORIDA 33186

The undersigned has(have) executed these Articles of Incorporation this

3RD day of JANUARY, 19 95.

Antonia B. Rodriguez P/W/T/S
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 VIDA MEDICAL SUPPLIES, INC.

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

GRACE RODRIGUEZ
(NAME)

11256 S.W. 159th AVENUE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33156
(CITY/STATE/ZIP)

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

Grace Rodriguez

DATE

1/3/95

FILED
CLERK OF STATE
JAN 3 1995
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