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	AME(s) & DOCUMENT NU	IMBER(S) (If known):	::! m
1. Como	ration Name)		<u> </u>
2.		(Document #)	E n
	ration Name)	(Document #)	
3. (Corpor	ration Name)	(Document #)	
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NEW FILINGS	AMENDMENTS		
Profit	Amondment	<del></del>	
NonProfit	Resignation of R.A., Office	er/Director	
Limited Liability	Change of Registered Age	ent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement	DEB3/03/05 17488	;
	Trademark	, , , ,	

Other

CR2E031(10/92)

Examiner's Initials

# ARTICLES OF INCORPORATION

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:

Consolidated Medical Systems, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

15906 Winding Drive Tampa, Fl. 33624



### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sam D. Toney, M.D. 15906 Winding Drive Tampa, Florida 33624

# ARTICLE Y INCORPORATOR(S)

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

Sam D. Toney, M.D. 15906 Winding Drive Tampa, Florida 33624

The undersigned income	porator(s) has(have) executed these Ar	ticles of Incorporation th
14th	day of February	, 19 <u>95</u> .
	Sain. For	
	Signature <	

#### ARTICLES of INCORPORATION

# 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.

I.	The name of the corporation is:Consolidated Medical Systems, Inc.	<u> </u>
		**** *** ***
2. The r	The name and address of the registered agent and office is:	: "
	Sam D. Toney, M.D.	
	(Name)	j
	15906 Winding Drive (P.O. Box <u>not</u> acceptable	3 <sub>2</sub>
	Tampa, Fl. 33624 (City/State/Zip)	<del></del> -

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 obligations of my position as registered agent.

(Signature) February 14, 1995 (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314