

P95000021173

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

800001429458  
-03/14/95--01126--007  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: HEALTH CARE MEDICAL, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

       \$70.00           \$78.75      XX   \$122.50           \$131.25

FROM: ANDREW DIAZ  
Name (Printed or Typed)

3791 WEST 18TH AVENUE  
Address

HIALEAH, FLORIDA 33016  
City, State & Zip

(305)  
Daytime Telephone number

*AB 3/15/95*

FILED  
1995 MAR 14 PM 3:40  
TALLAHASSEE, FLORIDA

N O T E: Please provide the original and one copy of the articles of incorporation.

ARTICLES OF INCORPORATION  
OF  
HEALTH CARE MEDICAL, INC.

FILED

1995 MAR 14 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporators hereby form this following corporation under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Corporation is: HEALTH CARE MEDICAL, INC.

ARTICLE II  
PURPOSE

The Corporation is organized to engage in all business permitted under the laws of the State of Florida.

ARTICLE III

The maximum number of shares of stocks which this Corporation is authorized to issue is One Hundred (100) shares of One Hundred Dollars (\$100.00) par value, common stock. Said shares of stocks may be issued only for the consideration having fair value as may be determined by the Board of Directors.

ARTICLE IV  
TERM OF EXISTENCE

This Corporation is to exist perpetually from the date these articles are filed with the Department of State, Subject to the laws of the State of Florida.

ARTICLE V  
REGISTERED AGENT AND OFFICE

The initial Registered Agent and the Street address of the initial Registered Office of this Corporation shall be:

Mr. ANDREW DIAZ  
3791 WEST 18 AVENUE  
HIALEAH, FLORIDA 33016

ARTICLE VI  
DIRECTORS

This Corporation shall have two (2) directors, initially. The number of directors may be changed from time to time in accordance with the by-laws adopted by the directors, but the number shall never be less than one (1). The name and street address of the initial directors of the Corporation are:

Mr. ANDREW DIAZ      3791 West 18 Avenue Hialeah, Fl 33016

Mr. ANGEL MORERA    1840 West 49th Street Ste 425 Hialeah, Fl. 33012

ARTICLE VII  
INCORPORATORS

The name and street address of the incorporators are:

Mr. ANDREW DIAZ  
Mr. CARLOS MORERA  
Mr. ANGEL MORERA

3791 WEST 18 AVENUE

HIALEAH, FLORIDA 33016

ARTICLE VIII  
PRE-EMPTIVE RIGHTS

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

ARTICLE IX  
CUMULATIVE VOTING

At each election for Director, cumulative voting by shareholder as set forth in Florida Statutes, Chapter 607.097(4) shall be allowed.

ARTICLE X  
OWNERS/OFFICERS OF CORPORATION AND SHARES OWNED

The Officers of the Corporation are as follow:

PRESIDENT:	Mr. ANDREW DIAZ	34 SHARES
V.P./TREASURER:	Mr. ANGEL MORERA	33 SHARES
SECRETARY:	MR. CARLOS MORERA	33 SHARES

ARTICLE XI  
PRINCIPAL OFFICE

The principal office of HEALTH CARE MEDICAL, INC. is located at:

3791 West 18th Avenue  
Hialeah, Florida 33016

ARTICLE XII  
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders and approved at the Stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned incorporators have hereunto set his/her hand and seal this 9 day of March, 1995.

  
ANDREW DIAZ

  
ANGEL MORERA


  
CARLOS MORERA

STATE OF FLORIDA )  
                          ) SS  
COUNTY OF DADE )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and county aforesaid to take acknowledgements, personally appeared ANDREW DIAZ and ANGEL MORERA and CARLOS MORERA, who are personally known to me or produced ED, as identification and are to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 9 day of MARCH 1995.

My Commission Expires:  
8/15/98

  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC390049  
MY COMMISSION EXP. AUG. 15, 1998

FILED

1995 MAR 14 PM 3:00

TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY ACCEPT THIS APPOINTMENT AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 648.091, FLORIDA STATUTES, RELATIVE TO KEEPING OPEN SAID OFFICES.

  
REGISTERED AGENT, ANDREW DIAZ

9500002173

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6715

OFFICE USE ONLY

FILED  
95 OCT 25 PM 4:17  
TALLAHASSEE  
SECRETARY OF STATE

*[Handwritten signature]*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH CARE MEDICAL, INC.  
(Corporation Name) (Document #)

800001622218  
-10/27/95--01026--024  
\*\*\*\*\*20.00 \*\*\*\*\*35.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
95 OCT 25 PM 1:13  
OFFICE OF SECRETARY OF STATE

N. HENDRICKS OCT 25 1995



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA  
COUNTY OF DADE

I, CARLOS MORERA, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, CARLOS MORERA, hereby resign as SECRETARY of  
(Title)  
HEALTH CARE MEDICAL, INC., a Florida corporation;  
(Name of Corporation)

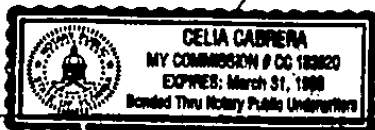
That the corporation has been notified in writing of the resignation.

  
Signature of resigning officer/director

Sworn to and subscribed before me this 4th day of OCTOBER

  
NOTARY PUBLIC

My Commission Expires:



FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 0327, TALLAHASSEE, FL 32314  
CR2E044 (7-90)

P 950000 21173

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requester's Name)

090 S.W. 07 AVENUE, SUITE 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)305-6715

OFFICE USE ONLY

FILED  
95 OCT 25 PM 1:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*[Handwritten signature]*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH CARE MEDICAL, INC.  
(Corporation Name) (Document #)

200001622222  
-10/27/95--01026--024  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

RECEIVED  
95 OCT 25 PM 1:13  
DIVISION OF CORPORATION

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS OCT 25 1995

Examiner's Initials





Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA  
COUNTY OF DADE

I, ANGEL MORERA, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ANGEL MORERA, hereby resign as V. PRESIDENT & TREASURER of  
(Title)  
HEALTH CARE MEDICAL, INC., a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

  
Signature of resigning officer/director

Sworn to and subscribed before me this 1<sup>st</sup> day of OCTOBER



  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

FILING FEE IS \$35.00

P95000021173

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requester's Name)

890 S.W. 87 AVENUE, SUITE 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE  
(904)305-6715

100001582651  
-01/09/96--01076--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. HEALTH CARE MEDICAL INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS JAN - 9 1996

Examiner's Initials

FILED  
96 JAN -9 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
96 JAN -9 AM 11:08  
DIVISION OF CORPORATION



Florida Department of State, Jim Smith, Secretary of State

FILED

JAN -9 PM 3:10

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF DADE

I, ANDREW DIAZ, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ANDREW DIAZ, hereby resign as PRES./V. PRES/ SEC./ TREAS.  
(Title)

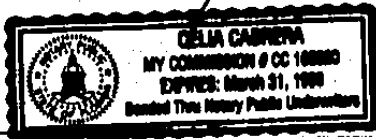
HEALTH CARE MEDICAL INC., a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director  
ANDREW DIAZ

Sworn to and subscribed before me this 3 day of JANUARY, 1996

NOTARY PUBLIC



My Commission Expires:

FILING FEE IS \$35.00

9950000 21173

FILED

96 JAN 11 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000168667  
-01/11/96--01042--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE, SUITE: 16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6715

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. HEALTH CARE MEDICAL, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ Certificate of Status

NEW FILINGS	
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OTHER FILINGS	
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
96 JAN 11 AM 10:55  
DIVISION OF CORPORATION

N. HENDRICKS JAN 11 1996

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

HEALTH CARE MEDICAL, INC

3791 WEST 18 AVE HIALEAH, FL 33012  
(present name)

**FILED**  
96 JAN 11 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

**ARTICLE 5: REGISTERED AGENT AND OFFICE**

THE NEW REGISTERED AGENT IS : MIKE DE LA VEGA  
1250 WEST 53 STREET #7  
HIALEAH, FL 33012

**ARTICLE 6: DIRECTORS**

THE NEW DIRECTOR OF SAID CORPORATION SHALL BE:

MIKE DE LA VEGA  
1250 WEST 53 STREET #7  
HIALEAH, FL 33012

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: JANUARY 3rd, 1996

FOURTH: Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 4th day of JANUARY, 1996

Signature

[Signature]  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MIKE DE LA VEGA

Typed or printed name

PRESIDENT / Director

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

[Signature]

1/4/96

DATE

# P95000021173

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

500002040865--9

-12/30/96--01029--008

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Health Care Medical Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of State

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

97 JAN -6 PM 12:28

FILED

RECEIVED  
DEC 30 AM 10:38  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1/6  
*for name change*



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

RECEIVED  
97 JAN -6 AM 10:42  
DIVISION OF CORPORATION

December 30, 1996

**LAZARUS**

**MIAMI, FL**

**SUBJECT: HEALTH CARE MEDICAL, INC.**  
**Ref. Number: P95000021173**

We have received your document for HEALTH CARE MEDICAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 196A00057686



ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

OF

FILED

97 JAN -6 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HEALTH CARE MEDICAL, INC.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

ARTICLE 1: NAME OF CORPORATION

THE NEW NAME: FIRST CHOICE MEDICAL EQUIPMENT & SUPPLIES, INC.  
THE NEW ADDRESS: 1691 WEST 39 ST BAY 33  
HIALEAH, FL 33012

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: DECEMBER 18, 1996

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 18 day of DECEMBER, 19 96

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MICHAEL DE LA VEGA

Typed or printed name

PRESIDENT

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
MICHAEL DE LA VEGA

12/18/96  
DATE