P950000a1173

TRANSMITAL LETTER

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

> 80000014288458 -03/14/95--01126--007 ****122.50

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

Enclosed incorporati	s an original and one (1) copy of the articles of on and a check for:	
<u> </u>	\$70.00 \$78.75 _XX \$122.50 \$131.25	
FROM:	ANDREW DIAZ Name (Printed or Typed) M3/15/5	5-
	3791 WEST 18TH AVENUE Address	
	HIALEAH, FLORIDA 33016	
	City, State & Zip	
	(305)	
	Daytime Telephone number	

NOTE: Please provide the original and one copy of the articles.

FILED

1995 MAR 14 PM 3: 00

ARTICLES OF INCORPORATION OF HEALTH CARE MEDICAL, INC.

TALLAHASSEE, FLORIDA

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

ARTICLE I

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 Hialcah, 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 prorate 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.

hereunto	IN WITH	NESS WHEREOF,	the under seal this /	signed day	incorporators of <u>Mach</u>	have
1995.			9/	de la compa	Hision	
			ANDR	EW DIAZ	The state of the s	_
			ANGE	e MORER	A	-
					Jane -	_
STATE OF	FLORIDA	<u> </u>	CARL	OS MORE	KA	
) \$\$				

COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and county aforesaid acknowledgements, personally appeared Andrew Old English Henchen, personally known to me or produced To _and who are 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 HANGL 1995.

> NOTAR DENOMINATION OF FLORIDA JORGE LISALAS

My Commission Expires:

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

FILED
1995 HAR 14 FIL 3: 00
TÄLLÄHÄSSEE, FLÖRIDA

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

P95000021173

LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name) 390 S.W. 87 AVENUE, SUITE: 16 (Address) MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone 8) LOCAL REPRESENTATIVE TALLAHASSEE (904)385-6715	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENTNUMI	BER(S) (If known):
1. HEALTH CARE MEDI 2.	المعار المراجعين ومعار المراجعين المراجعين والمحار والمحار والمحار والمحار والمحار
(Corporation Name)	(Document #)
3. (Corporation Name)	
4	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time 2005	Cettified Copy
Mail out Will wait Photocopy	Certificaté of Status
Profit Amendment	
NonProfit	Xector 3
Limited Liability Change of Registered Agent	
Domestication Dissolution/Withdrawsl	
Other Merger	
OTHER FILINGS REGISTRATION QUALIFICATION Foreign	
Name Reservation Limited Partnership	N. HENDRICKS DOT A 5 4005
Reinstatement	N. HENDRICKS 001 2 5 1995
Trademark	•

Other

CR2E0J1(10/92)

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR SIATE OF COUNTY OF I, CARLOS NIORERA siler 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 horoby realgn ag , a Florida corporation; That the corporation has been notified in writing of the resignation. Bignature of realigning officer/director Swom to and subscribed before me this CELIA CABRERA COMMISSION # CC 183820 My Commission Expires:

FILING FEE IS \$35.00

P 950000 21173

090 S.W. 87 AVE (Addisso) MIAMI, FLORIDA (City, State, Zi	NUE, SUITE: 16	OFFICE USE ONLY	SECRETARY OF STATE
(904)305-6715			
	• • •	" &	
CORPORATION NAI	ME(s) & DOCUMENT NUM	BER(S) (if known):	200001622222
1. HEALTH	CARE MEDI	CAL, INC.	-10/27/9501026024 *****70.00 *****35.00
2.		(Document 7)	
Corpora 3,	Son Name)	(Decument #)	
(Corpore	don Name)	(Decument #)	•
	don Neme)	(Document 8)	
,	Vick up time 200	Certified Copy	
		Certificate of Statu	
NEW FILINGS	AMENDMENTS	WANTE STEE	
Profit NonProfit	Amendment		E 25
Limited Liability	Resignation of R.A., Officer/		
Domestication	Change of Registered Agent Dissolution/Withdrawal		RECEIVA SOCI 25 "MIII
Other	Merger		
175815 W. V. 1777 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(E)
OTILER FILINGS	MEGISTRATION/ QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership	N. HENDRICH	98 OCT 2 5 1995
L	Reinstatement		,
	Trademark	Byamina	r's Initials
CR2E031(10/92)	Other	- CARINDS	• TIMUMIE



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF HERICHATION OF CHILL	
AFFIDAVIT OF HESIGNATION OF OFFICER AND	ા _{ખના} સંભ≎દ્રવેશાત પ્રભ∖ત
STATE OF FORIDA COUNTY OF DADE	POT 25
OSCINITION DADE	
knowledge, information and belief, and under the penalties of percent;	
knowledge, information and belief, and under the penalties of per	that to the bost of thy
, , , , , , , , , , , , , , , , , , ,	with the following is true and
HEACH CARE MEDICAL, The (Name of Corporation)	
toroby realgn as V.PR	SIDENT & TREASUPED
HEARTH COOK MONDER TO	(fillo)
(Name of Corporation)	, a Florida corporation:
That the correction to a transfer to	
That the corporation has been notified in writing of the realignation.	
-//	44
$f(f_a)$	//
Bignature of resigning of	Micer/director
Swom to and subscribed before me this	LBBER
	$\mathcal{O}_{(a)}$
MY COMMISSION # OC 185820 EXPINES: March 31, 1985 Banded Time Meany Public Underwiters	Y PUBLIC
My Commission Expires:	•

FILING FEE IS \$35.00

P9500021173

	•	· · · · · · · · · · · · · · · · · · ·	1 ·
LAZARUS CORPO	RATE INDUSTRIES, INC.	_	0000169265)//9/960076012
fer a desagniti	VBNUE, SUITE: 16	-))/09/9601076012
(Add)	WENUE, SULTEL 16	-	 ռուսութթ∳ննսասաննն∳ն
MIAMI, FLORID	1000/006-03/	3 OFFICE LIEF ONLY	
City, State LOUAL REPRESE	MTATIVE TALLAHASSES	OFFICE USE ONLY	
(904)305-6715	THE TANKALIASEE	-	•
11444-4/13		· Cy	•
	•	G .	# # #
6434544345 A Miseria		٠,	
CORTORATION	NAME(8) & DOCUMENTNI	JMBER(5) (# knom):	
(Car	poration Name)	EDICA LINC	
~ :		1	
3.	peraton Name)	(Decument #)	
	Poration Name)		
4		(Desument #)	·
	poretion Name	(Decument #)	
Walk in	Pick up time 2/06	Ceilified Copy	
[]		[] sommer copy	
Mell out	Will wait Photocopy	Certificate of Statue	RECEIVED 96 JAN -9 AMII: 08 IVISION OF CORPORATION
NEW FILINGS	Walle Statement of the same	I TOTAL TO THE PORT OF THE POR	RECE JAN-9
Profit	AND DESCRIPTION OF THE PARTY OF	1000 AV 1000	S & M
NonProfit	Amendment		CEIVED 1-9 AMII: 08 0F CORPORATIO
Limited Liability	Resignation of R.A., Office		ED RAII
Domestication	Change of Registered Age	unt	80
Other	Dissolution/Withdrawal		
- Onier	Merger	r;	
OTHER FILINGS	NEGISTRATION/N		•
Armusi Report	QUALIFICATION		
Fictitious Name	Foreign	N. HENDRICKS	JAN - 9 1996
Name Reservation	Limited Partnership	4.	
ITESUIVABUN	Reinstatement		
	Traclement		
D3Pattage-	Other	Exeminer'	Initials
R2E031(10/92)	1 1	J	-



FILED Florida Department of State, Jim Smith, Secretary of States JAN -9 PH 3-10 AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTARY OF STATE OF THE STATE OF

STATE OF FLORIDA COUNTY OF DADE	
iANDREW DIAZ knowledge, information and belie correct:	after being duly sworn, state that to the best of my f, and under the penalties of perjury, the following is true and
I, ANDREW DIAZ	horoby resign as PRES./V.PRES/ SEC./ TREAS
HEALTH CARE MEDIC	AL INC. , a Florida corporation;
That the corporation has been no	Signature of resigning officer/director ANDREW DIAZ
Sworn to and subscribed before n	ne this 3 day of January , 1996
•	NOXARY PUBLIC
My_Commission Expires;	CELIA CASPIENA MY COMMISSION # CC 100000 EPPRES: Morch 31, 1000 Bended The Honey Fulls Lindaustan

FILING FEE IS \$35.00

P9500021173

96 JAN 11 AM 11: 57

N HENDRICKS JAN 1 1 1996

Examiner's Initials

LAZ	<u>ARU</u>	S C	ORI	ORA	TE ame)	INI	ายยา	TRI	ES.		NC.
890	9.1	₩.	87	AVE	NUE	,	su:	ITE	: 1	6	3 #11
			(Ad	dress)							
MIA	MI,	FL	ORI	DA	33	174	()	305) 55	2-	5973
				liete, 2			(Phor				
LOC	AL I	REP	RES	ENT	ATI	VΕ	ŢΑ	L <u>L</u> ለ!	IAS	SE	E
<u>(90</u>	4)38	<u> 35-</u>	<u>671</u>	5							

Foreign

Other

Limited Partnership

Reinstatement Trademark

SECRETARY		
YELYUYAYAYI-)F STATE • FLO MONO OO 1 • • 01/11/9601 • ************************************	•
"HATTINIO DE E	· ^{(11.0})(2)(3)(3)(3)(3)(1.6	7988BB
	-01/11/96D1	042006
• .	#####35.UU	**********

OFFICE USE ONLY

(904)385-6715			
CORPORATION NAI	ME(s) & DOCUMENT NUN	IBER(S) (if known):	
1. HEALTH	CARE MEDIA	•	•
(Corpora	aton Name)	(Dogument #)	
(Corpora	don Name)	(Document #)	
	tion Name)	(Document #)	
<u> </u>	itan Name)	(Dooument #)	
Walk in F	lick up time 2,000	Certified Copy	•
Mail out	Will wait Photocopy	Certificate of Status	•
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Office	r/Director	and the second
Limited Liability	Change of Registered Ager	ıt	를 유 -
Domestication	Dissolution/Withdrawal		是 第 第 第 第 第 第 第 第 第 第 第 第 第
Other	Merger		RECEIVED
OTHER FILINGS	REGISTRATION/		CORPOR
Annual Penns	QUALIFICATION		8 7 6

CR2E031(10/92)

Fictitious Name

Name Reservation

ARTICLES OF AMENDMENT

TO ARTICLES OF INCORPORATION

OF

FIL 96 JAN II	En
96 JAN 11	All is
SECREM.	MI 1125

HEALTH CARE MEDICAL, INC. TALLATIASSIE, FLORIDA

(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 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:

пш	RD: The date of each amendment's adoption:
FOU	JRTH: 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.
口	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 east for the amendment(s) was/were sufficient for approval by (voting group)
•	(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 W
	(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 incurporator if adopted by the incorporators)
	MIKE DE LA VEGA
	Typed or printed name
• .	PRESIDENT / DIRECTOR
	", Tide
IN THI:	BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE CESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISAGENT AND AGREE TO ACT IN THIS CAPACITY.

1/4/96 DATE

LAZARUS CORPORI Reques	33174 (305)552-5973	socco;	2040:3659 079601029008 *35.00 *****35.00
•	ATIVE TALLAHASSEE	Office U	e Only
CORPORATION NAM	1E(S) & DOCUMENT NUM	1DER(S), (if known):	
1. Corporatio	n Name) (Dane Medical (Dane)	ocument (1)	
3.		or militarity	
(Corporation	n Name) (Do	ocument #)	z. 6
4, (Corporation	i Name) (De	ocument (f)	
Walk in Pi	ck up time 2-68	Certified Copy	
NEW TUNGS	MESSACION		
Profit	Amendment		
NonProfit ,	Resignation of R.A., Officer/ Direc	tor	0 Dic
Limited Liability	Change of Registered Agent		60 30
Domestication	Dissolution/Withdrawal		

NEW PICTOR STATE
Profit
NonProfit
Limited Liability
Domestication
Other

in cit	ANEXONENTS THE LANG
X	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	• .*	
	نک ح	C .,
		77
1	15 In 30 J	,
CORPURATION		
	25.	
<u> </u>	<i>:</i> 37	ED
<u> </u>	ડું	0

a succa	OTHERTANGS
	Annual Report
	Fictitious Name
	Name Reservation

Allent ste		
	Foreign	
	Limited Partner	dip
	Reinstelement	1
	Trademark	
	Other	

116

	_	_
Examiner's Initial	_	
PENERICIES E DIVIN		
10 A		



RECEIVED 97 JAN -6 AN 10: 42 FLORIDA DEPARTMENT OF STATE/VISION UP 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

70

FILED

ARTICLES OF INCORPORATION 97 JAN -5 PH 12: 28

OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

HEALTH CARE MEDICAL. INC. (present name)

Parsuant 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:

THI	RD:	The date	ofeacl	i amendm	ent ⁱ s ado	ption:	DECEM	ER 1	8, 19	96	
FOU)RTH:	Adoptio	n of An	iendment((s) (check	p ne)				•	
X)	The a	mendmer of the ame	it(s) wa indinen	s/wete apj t(s) was/w	proved by ere suffic	the shar lent for	eholders approval	. The	numbe	r of vot	63
	The a	mendmei	ıl(s) wa	s/were app	roved by	the share	eholders	flicon	glı votli	i g group	ps,
		The fol voiling	lowing : youp ei	statement i ntitled to vi	must be se vie separa	parately itely on t	provided re amena	for ea In ent	ich (s):	·	
		approv	umber (al by	of votes of	ast for the		ment(s) w	45/We	te suffi	iclent fo) r
	The a	imendme holder ac	nt(s) w tion and	as/were ad	opted by	the boar	q ol qite	ctors v d.	without		,
	The a	imendme n and sha	nt(s) w reholde	as/were ad r action w	opted by	the Inco quired.	rporator	with	out sha	reholde	: r
•	Si	gned this	18	_day of	DECEM	BER		_, 19_	96	 '	
		Sign	ature £	1			·.	į.			
		- -• - ••••	IBy the Preside		of Vice Cha officer if a	opted by	ne Board The Share	of Direc	tors,		
			·	(By a direc	ctor if adop	ted by the	directors				
			•	(By an Inc	orporator II	edopted	by the inc	Orpors	tora) -		
			:		LEL DE		λ				
				Тур	id or printe	emen b					
			·	PRESI	DENT		·		- · · · · · · · · · · · · · · · · · · ·		
		·			Tide						

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.

GHAEL DE LA VEGA

12/18/96