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(904) 385-6735		OFFICE USE ONLY	
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Other

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Examiner's Initials

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# ARTICLES OF INCORPORATION

I, the undersigned, hereby make, adopt, subscribe and acknowledge
these Articles of Incorporation for the purpose of organizing and
incorporating under the laws of the State of Florida, by and under the
provisions of the statutes of the State of Florida, providing for the
formation, liability, rights, privileges and immunities of the corporation
for profit

#### ARTICLE I NAME

The name of the corporation shall be:

GUMER MEDICAL EQUIPMENT SUPPLIES INC.

GUMER MEDICAL EQUIPMENT SUPPLIES INC.

#### ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

#### ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

#### ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$600.00.

# ARTICLE V - CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

# ARTICLE VI - POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be:

1111 S.W. 8 St. Suite 204 Miami, F1. 33130

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

# ARTICLE VII - NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting of \_\_\_\_\_\_ persons initially.

The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number requiered by the laws of the State of Florida, as amended from time to time.

# ARTICLE VIII - INITIAL DIRECTORS

NAME

Giraldo A. Garcia Pablo Lorenzo ADDRESS

7160 W. 12 Ct. Hialeah, Fl. 33014 1500 W. 29 St. Hialeah, Fl. 33012 Apt. #2

#### ARTICLE IX - OFFICERS

NAME

Giraldo A. Garcia Pablo Lorenzo TITLE

President Secretary/Treasurer

#### ARTICLE X - SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow:

N A M E
Giraldo A. Garcia
Pablo Lorenzo

ADDRESS

Same as Article VIII
Same as Article VIII

(SEAL)

### ARTICLE XI - AMENDMENTS

These Articles of Incorporation may be amended from time to time 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 a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII - REGISTERED OFFICE AND AGENT	
The initial street address of the registered office of the corporat	ion is:
1111 S.W. 8 St. Suite 204 Miami, Fl. 33130	
and the registered agent is:	
Giraldo A. Garcia and Pablo Lorenzo	
The undersigned has (have) executed these Articles of Incorporation	this:
day of 19_95	
	(SEAL)
Giraldo A. Garcia a President	
Pablo Lorenzo - Sycretary/Treas	(SEAL)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:
	GUMER MEDICAL EQUIPMENT SUPPLIES INC.
	JOHN TELEGRAPH SOFFEIES THE
2.	The name and address of the registered agent and office is:
	Giraldo A. Garcia
	(NAME)
	1111 S.W. 8:St. Suite 204
	(P.O. BOX NOT ACCEPTABLE)
	Miami, F1. 33130
	(CITY/STATE/ZIP)
	SIGNATURE * (CORPORATE OFFICER)  TITLE President
	DATE3/28/95
ACCE I FUI PROPI	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE E STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY PT THE APPOINTMENT AS REGISTERED AGENT AND AGREP TO ACT IN THIS CAPACITY. RIHER AGREE TO COMPLY WITH THE PROVISIONS OF AKL STATUTES RELATING TO THE ER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.  SIGNATURE **  DATE 3/28/95