P95000028344

P.01

(((H950000003950))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: KRISON MEDICAL EQUIPMENT, INC.
3750 WEST 16 AVE SUITE 112U
HIALEAH FL 33012- 33410-0000
CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (305) 541-4015

(((H950000003950))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: KRISON MEDICAL EQUIPMENT,INC.
FAX AUDIT NUMBER: H95000003950
CURRENT STATUS: REQUESTED
DATE REQUESTED: 04/06/1995
TIME REQUESTED: 14:32:47
CERTIFIED COPIES: 0
CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $70.75
ACCOUNT NUMBER: 071324000655

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H950000003950)))

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

F1=Help F10=Menu bar F5=Logging [OFF] F6=Printer [OFF]

FILED
95 APR 12 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTN:
Jerry

4/12

H95000003950

ARTICLES OF INCORPORATION

OF

KRIBON MEDICAL EQUIPMENT, INC.

FILED
95 NOV 12 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KRIBON MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

3750 West 16 Avenue, Suite 142U
Hialeah, FL 33012

ARTICLE III SHARES

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

100 Shares of Common Stock, $1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jakeline Vazquez
3750 West 16 Avenue Suite 142U
Hialeah, FL 33012

PREPARED BY:
Jakeline Vazquez
3750 W. 16 Avenue, Ste 142U
Hialeah, FL 33012
Tel: 529-0062

H95000003950

H95 00000 3950

ARTICLE V INCORPORATOR(S)

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

Jakelina Vasquez, President
3750 West 16 Avenue, Suite 142U
Hialeah, FL 33012

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

22 day of March, 19 95.

Jakelina Vasquez
Signature

Signature

Signature

H95 00000 3950

H95000003950

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.

1. The name of the corporation is: KRISON MEDICAL EQUIPMENT, INC.

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

FILED
95 APR 12 PM 12: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jakeline Vazquez
(Name)

3750 West 16 Avenue, Suite 142U
(P.O. Box not acceptable)

Hialeah, FL 33012
(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.

Jakeline Vazquez
(Signature)

March 22, 1995

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

H95000003950