

PINELLAS HOME MEDICAL, INC.
1915 ARROWHEAD DRIVE NE
ST. PETERSBURG, FLORIDA 33703
(813) 525-4525

P95000029061

April 7, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Incorporation of
Pinellas Home Medical, Inc.

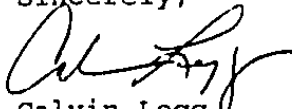
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-04/10/95--01032--008
***122.50 ***122.50

Dear Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check #224, in the amount of \$122.50.

This represents the cost of the Charter Tax, Filing Fee, Certified Copy of Articles of Incorporation and Filing Fee for Registered Agent Certificate for the above named corporation.

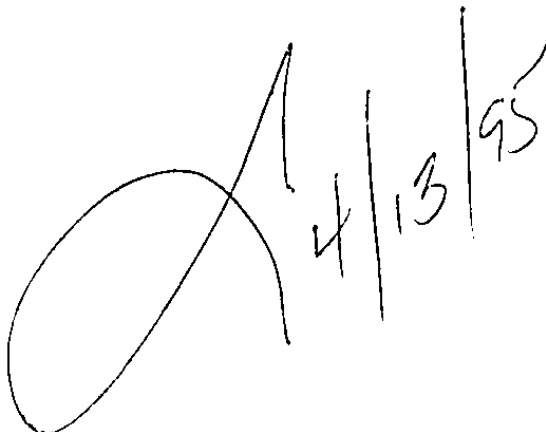
Sincerely,


Calvin Legg
President

CL:bjd

Enclosures

95 APR 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


4/13/95

ARTICLES OF INCORPORATION

of

PINELLAS HOME MEDICAL, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PINELLAS HOME MEDICAL, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares (1,000) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	CALVIN LEGG		
ADDRESS	1915 ARROWHEAD DRIVE NE		
CITY	ST. PETERSBURG	FLORIDA	ZIP 33703

The name and street address of the Initial Registered Agent of this Corporation is:

NAME			
ADDRESS			
CITY	FLORIDA	ZIP	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

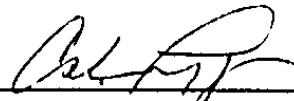
NAME	CALVIN LEGG		
ADDRESS	1915 ARROWHEAD DRIVE NE		
CITY	ST. PETERSBURG	STATE FLORIDA	ZIP 33703
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the Incorporators signing these Articles of Incorporation are as follows:

NAME				C'ALVIN LEGG			
ADDRESS				1915 ARROWHEAD DRIVE NE			
CITY		ST. PETERSBURG		STATE		FLORIDA	
				ZIP		33703	
NAME							
ADDRESS							
CITY				STATE		ZIP	
NAME							
ADDRESS							
CITY				STATE		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7th day of APRIL, 19 95.


 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF PINELLAS)

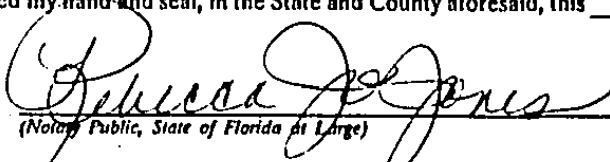
before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

CALVIN LEGG

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 7th day of APRIL, 19 95.





 (Notary Public, State of Florida at Large)
 My Commission expires: 11-23-96

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

PINELLAS HOME MEDICAL, INC.
(name of corporation)

95 APR 10 10:00 AM
TALLAHASSEE, FLORIDA

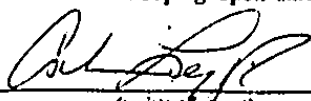
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 1915 ARROWHEAD DRIVE NE
ST. PETERSBURG, FLORIDA 33703

has named CALVIN LEGG
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)