

1204 HAYS STREET  
TALLAHASSEE, FL 32304  
(904) 222-9171  
(904) 222-0191 FAX

800-342-8086



**PP500029935**

ACCOUNT NO. : 072100000032

REFERENCE : 580606 140119A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : April 17, 1995

ORDER TIME : 1:34 PM

ORDER NO. : 580606

CUSTOMER NO: 140119A

CUSTOMER: Mr. Sharon G. Plummer  
PARALEGAL SERVICES OF VENICE,  
INC.  
128 Indian Avenue  
Venice, FL 34285

800001458259  
-04/17/95--01057--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DOMESTIC FILING

NAME: VENICE MEDICAL & SUPPLY INC.

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

T. BROWN APR 18 1995

FILED  
95 APR 17 3 24 95 APR 17 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
VENICE MEDICAL & SUPPLY INC.

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FILED  
95 APR 17 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with the requirements of F.S. Chapter 607, the undersigned Incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I  
NAME

The name of the corporation shall be VENICE MEDICAL & SUPPLY INC.

ARTICLE II  
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 280 Santa Maria Street, Venice, FL 34285.

ARTICLE III  
SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is one thousand (1,000).

ARTICLE IV  
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

C. W. SHEARL  
280 Santa Maria Street  
Venice, FL 34285

ARTICLE V  
INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

C. W. Shearl  
280 Santa Maria Street  
Venice, FL 34285

The undersigned Incorporator has executed these Articles of Incorporation on April 22, 1995.

  
Incorporator

FILED  
95 APR 17 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

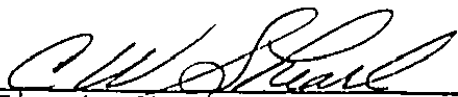
1. Name of the corporation is VENICE MEDICAL & SUPPLY  
INC.

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

C. W. Shearl  
280 Santa Maria Street  
Venice, FL 34285

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.

Signed on: April 17, 1995.

  
(Signature)