

P95000035456

FILED

Date 4/7/95 95 MAY -1 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Re: NATIONWIDE MEDICAL SUPPLY, Inc.  
(name of corporation)

900001470119  
-05/01/95--01093--004  
\*\*\*122.50 \*\*\*122.50

Gentlemen:

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

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

Very truly yours,

JUAN PEREZ  
(individual's name)

NATIONWIDE MEDICAL SUPPLY, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION

625 SW 47<sup>th</sup> CT.

MICAMI, FL. 33134

PHONE

(305) 441-1242

Area Code

Number

Ext.

406  
55

**ARTICLES OF INCORPORATION**

**For**

**NATIONWIDE MEDICAL SUPPLY, INC.**

FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

Nationwide Medical Supply, Inc.

The principal place of business of this corporation shall be:

625 SW 47TH COURT, MIAMI, FL 33134

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of corporation's existence or until their successor (s) is (are) elected, is (are):

**JUAN PEREZ  
PRESIDENT, SECRETARY  
625 SW 47th Court  
MIAMI, FL 33134**

**ARTICLE VI INCORPORATOR(S)**

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

**JUAN PEREZ  
PRESIDENT  
625 SW 47 CT.  
MIAMI, FL 33134**

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 7<sup>th</sup> day of April, 1995

Signature (s) of Incorporator (s)

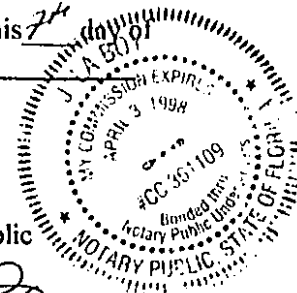
*Juan Perez*  
FDL- P620-420-67-152-0

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 7<sup>th</sup> day of April, 1995 by JUAN PEREZ of \_\_\_\_\_

Notary Public

*J. A. Boyd*  
My commission Expires:



**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, 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:  
**NATIONWIDE MEDICAL SUPPLY, INC.**
2. The name and address of the registered agent and office is:  
**JUAN PEREZ**  
**PRESIDENT**  
**625 SW 47 CT.**  
**MIAMI, FL 33134**

SIGNATURE \_\_\_\_\_

TITLE: **PRESIDENT**

DATE: 4/7/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

DATE: 4/7/95

FILED  
95 MAY -1 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P95000035456

9/05/95

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

3:47 PM

((H95000009043)))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

FROM: FAS-T CORP. AGENTS, INC.  
8405 NW 53RD ST  
SUITE C-100  
MIAMI FL 33166-

FAX: (904) 922-4000

CONTACT: LIDIA FERNANDEZ

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H95000009843)))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: NATIONWIDE MEDICAL SUPPLY, INC.

FAX AUDIT NUMBER: H95000009843

CURRENT STATUS: REQUESTED

DATE REQUESTED: 09/05/1995

TIME REQUESTED: 15:47:03

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 2

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$35.00

ACCOUNT NUMBER: 071001002335

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.

((H95000009043)))

*Completed - off & RA ✓  
Lidia*

FILED  
1995 SEP - 6 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP - 6 PM 1:22

RECEIVED

H95000009843

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

NATIONWIDE MEDICAL SUPPLY INC.

625 S.W. 47 Court. Miami, FL. 33134.-

(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 V:

The name and address of the officer and director is:

President JANNETTE PEREZ.-  
Secretary 625 S.W. 47 Court.  
Miami, FL. 33134.-

The name and address of the registered agent:

JANNETTE PEREZ.-  
625 S.W. 47 Court.  
Miami, FL. 33134.-

FILED  
1995 SEP -6 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Prepared by: Marta Bu  
3899 N.W. 7th. St  
Miami, FL 33126.-  
(305) 446-2967.-

H95000009843

H9500009843

THIRD: The date of each amendment's adoption: September 5, 1995.-

FOURTH: 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.
- ☐ 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 cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_  
(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.

I accept the duties and responsibilities as registered agent

Signed this 5 day of September, 1995.-

Signature

[Signature]  
(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 incorporator if adopted by the incorporators)

JANNETTE PEREZ.-

Typed or printed name

PRESIDENT/SECRETARY-/REGISTERED AGENT

Title

H95000009843