

P95000038308

TRANSMITTAL LETTER

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

SUBJECT: BETTER CARE MEDICAL EQUIPMENT, INC.
(Proposed corporate name - must include suffix)

800001486508
-05/12/95--01118--004
****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: LOURDES MALDONADO
Name (printed or typed)
20918 S. W. 118 AVENUE
Address
MIAMI, FLORIDA 33177
City, State & Zip
(305) 251-6757
Daytime Telephone number

55 MAY 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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:

BETTER CARE MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

20918 S. W. 118 AVENUE

MIAMI, FLORIDA 33177

FILED
95 MAY 12 ... 7.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

One Thousand (1,000) shares of common stock. One (\$1.00) Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lourdes Maldonado

20918 S. W. 118 Avenue

Miami, Florida 33177

FILED
95 MAY 12 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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


LOURDES MALDONADO / DENNIS MCGINLEY

20918 S. W. 118 AVENUE

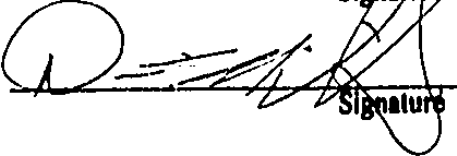
MIAMI, FLORIDA 33177

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

8 day of **May**, 19 **95**.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: BETTER CARE MEDICAL EQUIPMENT, INC.
2. The name and address of the registered agent and office is:

LOURDES MALDONADO
(NAME)

20918 S. W. 118 AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA 33177
(CITY/STATE/ZIP)

FILED
95 MAY 12 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Louder Maldonado
(SIGNATURE)

May 8, 1995
(DATE)

Please wish, thank you.

San. Affairs

*****25.00 *****55.00

CR2E031(10/92)

STATEMENT OF CHANGE
OF BOTH
REGISTERED AGENT AND REGISTERED OFFICE

To: Florida Department of State, Secretary of State, Division of Corporations
P.O. Box 6327, Tallahassee, FL 32314

Pursuant to the provisions of §§607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement to change its Registered Agent and registered office in the State of Florida.

1. The corporation's name is BETTER CARE MEDICAL EQUIPMENT, INC.

1b. The mailing address of the corporation is 5345 NW 173rd Drive, Miami, FL 33055.

1c. Date of incorporation: May 12, 1995
Document Number: P95000038308.

2. The name and address of the Registered Agent being replaced is:
Lourdes Maldonado, 20918 SW 118th Ave., Miami, FL 33177.

3. The name and address of the new Registered Agent and office are:
Osniel Barrios
5345 NW 173rd Drive
Miami, FL 33055.

The street address of its registered office and the street address of the business office of its Registered Agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by the

FILED
95 OCT 13 PM 1:39
TALLAHASSEE, FLORIDA

Statement of Change/Better Care Medical Equipment Inc.
Continued from page 1

corporation's board of directors or by an officer so authorized by the
board..

+ 10-10-95
(Date)

Osniel Barrios
(Signature of Officer or Board Chairperson)
+ Osniel Barrios
(Print or Type name and Title)

Having been named as Registered Agent and to accept process for the above
stated corporation, 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 relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my
position as Registered Agent.

+ 10-10-95
(Date)

Osniel Barrios
(Signature of Registered Agent)

FILED
95 OCT 13 PM 1:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

P95000038308



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1996

BETTER CARE MEDICAL EQUIPMENT, INC.
PO BOX 3325
HIALEAH, FL 33013US

SUBJECT: BETTER CARE MEDICAL EQUIPMENT, INC.
Ref. Number: P95000038308

Debit Memo #: 8196-G

This is to inform you that your check #1033 in the amount of \$208.75 and submitted for BETTER CARE MEDICAL EQUIPMENT, INC. has been returned to us by your bank because of NSF.

We request that you remit a cashier's check or money order in amount of \$223.75 made payable to the Department of State. This amount will cover the unpaid fees and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please refer to the debit memo number listed above and state that it is a replacement for the returned check mentioned above.

Please note that the documents filed by this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Pat Bailey
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning this matter, please call (904) 487-6816.

Sincerely,
Pat Bailey
Accountant I
Division of Corporations

Letter number: 696A00025517

P95000038308

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 2, 1996

BETTER CARE MEDICAL EQUIPMENT, INC.
PO BOX 3325
HIALEAH, FL 33013 US

SUBJECT: BETTER CARE MEDICAL EQUIPMENT, INC.
Ref. Number: P95000038308

Debit Memo #: 8196-G

Due to your failure to respond to our previous letter, your Annual Report for BETTER CARE MEDICAL EQUIPMENT, INC. has been cancelled and is considered not filed as of July 2, 1996.

Please refer to our previous letter advising you of the returned check.

Section 607.1421, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida corporation or revoke the authority to transact business of a foreign corporation for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$223.75 is not received within the 60 day period, your corporation will be administratively dissolved or revoked and a reinstatement fee of an additional \$175 will be imposed.

Please send your response to:

Division of Corporations
Attn: Pat Bailey
P.O. Box 6327
Tallahassee, FL 32314

State of Florida



Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for BETTER CARE MEDICAL EQUIPMENT, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of September 13, 1996 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P95000038308.

P95000038308

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Thirteenth day of September, 1996



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State



DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



Box Closed No Order

BETTER CARE MEDICAL EQUIPMENT, INC.
P.O. BOX 3325
HIALEAH, FL 33013

Box Closed - No Open

6. The following is a list of the names of the persons who have been appointed to the various committees of the Board of Directors of the City of New York, for the year 1900:

1996 ANNUAL REPORT DISSOLUTION NOTICE