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DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE, FL 32314

MEDIQUIP, INC.

RE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION OF THE ABOVE NAMED PROPSED FLORIDA CORPORATION. ALSO ENCLOSED IS A CHECK IN THE AMOUNT OF \$122.50 REPRES NTING THE FEES FOR FILING.

THANK YOU,

DON M THOMAS
7630 EAST APPLEWOOD DRIVE
INVERNESS, FLORIDA 34450

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SHAY IS PH U: II

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| AUTHO | RIZATION BY P | HONE TO |
| DATE_ | 5/17/95 | |
| DOC. E | KAM. <u>&AB</u> | |

ARTICLES OF INCORPORATION OF MEDIQUIP, INC.

ARTICLE I - CORPORATE NAME

THE NAME OF THIS CORPORATION IS MEDIQUIP, INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION IS 7360 EAST APPLEWOOD DRIVE, INVERNESS, FL. 34450

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 500.

> ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT: DON M. THOMAS, 7630 EAST APPLEWOOD DRIVE, INVERNESS, FL. 34450.

ARTICLE V - INCORPORATORS

THE NAME AND ADDRESS OF THE INCOPPORATOR TO THESE ARTICLES OF INCORPORATION ARE DON N. THOMAS AND 7630 EAST APPLEWOOD DRIVE, INVERNESS, FL. 34450.

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION ON MAY 15TH, 1995.

DON M. THOMAS

INCORPORATOR

95 MAY 15 PH 4:

DEIGNATION AND ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF F.S. 607.0501. THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAW 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 THIS CORPCRATION IS: MEDIQUIP, INC.
- 2. THE NAME OF THE REGISTERED AGENT IS: DON M THOMAS.
- 3. THE ADDRESS OF THE REGISTERED AGENT / REGITERED OFFICE IS: 7630 EAST APPLEWOOD DRIVE, INVERNESS FLORIDA, 34450

ACCEPTANCE

HAVING BEEN BANED AS REGISTERED AGENT AND DESIGNATED TO ACCEPT SERVI E OF PROCESS FOR THE ABOVE CORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO AC IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF AL. STATUT'S RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, A D 1 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

BY: W

DON M. THOMAS

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