

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

700001492007 -05/17/95--01152--003 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:	MEDICAL SUP	PLY DEPOT, INC.	•	
(Pi	roposed corporate	nt me - must include sui	ffix)	
Enclosed is an original for:	and one (1) co	py of the articles of	fincorporation	and a check
₹x \$70.00 Filing Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:	Angel M. Le	eiro, III		
	Name (	(printed or typed)		
	15841 s.w.	99th Avenue		5/18/95
		Address		//
	MIami, Flor	rida 33157-1718		(T(X))
	City	y, State & Zip		
	(305) 256-3	3751		
	Daytime '	Telephone numbc:		

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:

MEDICAL SUPPLY DEPOT, INC.

ARTICLE II PRINCIPAL OFFICE

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

15841 S.W. 99th Avenue MIami, Florida 33157-1718

ARTICLE III SHARES

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

1000 shares common stock par value .10 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Guillermo Leyva 15841 S.W. 99th Avenue MIami, Florida 33157-1718

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

President/Secretary: Guillermo Leyva 15841 S.W. 99th Avenue Miami, Florida 33157-1718

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

15th day of	May , 19 95  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, LORIDA 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:	MEDICAL SUPPLY DEPOT, INC.	
2.	The name and address of the register	ered agent and office is:	_
	Guille	rmo Leyva	
	15841 8	S.Wy 99th Avenue	
	(P.O. Box	or Mail Drop Box NOT ACCEPTABLE)	
	Miami,	Florida 33157-1718	
	15841 S	rmo Leyva (NAME)  S.W. 99th Avenue or Mail Drop Box NOT ACCEPTABLE)	

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.

(SIGNATURE)

5-/S-9( (DATE)