P95000040799

9 1:47 PM

PUBLIC ACCESS SYSTEM
(((H95000005757))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- 000
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000005757))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: MAY MEDICAL SUPPLIES, CORP.
FAX AUDIT NUMBER: H95000005757
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/23/1995
TIME REQUESTED: 13:47:14
CERTIFIED COPIES: 1
CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $122.50
ACCOUNT NUMBER: 072450003255

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.

(((H95000005757)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM CAPS Connect: 00:09:0

FILED
95 MAY 23 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SDK

MAY-23-1995 13:58 FROM EMPIRE TO 19049224000 P.01

H95000005757

ARTICLE OF INCORPORATION

OF

MAY MEDICAL SUPPLIES,CORP.

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: MAY MEDICAL SUPPLIES,CORP.

The principal place of business of this corporation shall be:

4700 NW. 7 ST. SUITE 257 , MIAMI, FL. 33126

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 State,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: 100 x $ 10.00 = $ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

HECTOR J. HALL
(305) 887-4185
BASIC ACCOUNTING SERVICE
692 W. 29 Street # 9
Hialeah, Florida 33012

H95000005757

H 95000057 57

ARTICLE V OFFICERS DIRECTORS

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

NELSON RASSE — DIRECTOR
1850 SW. 23 St.
Miami, Fl.33145

ARTICLE VI INCORPORATOR(S)

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

NELSON RASSE — PRESIDENT,SECRETARY & TREASURER
1850 SW. 23 ST. — 100 shares
Miami,Fl.33145

The undersigned has(have) executed these Article of Incorporation this 16 th. day of May ,19 95 .

Signature/Title

Signature/Title

Signature/Title

H 95000057 57

H95000005757

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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. The name of the corporation is: MAY MEDICAL SUPPLIES, CORP.

2. The name and address of the registered agent and office is NELSON RASSE
(Name)

4700 NW. 7 ST. SUITE 257
(P. O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33126
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE ______

DATE 5-16-95