

05/25/95 11:06

FAB-T CORPORATE AGENTS

592-9591

5/25/95

FLORIDA DIVISION OF CORPORATIONS

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ELECTRONIC FILING COVER SHEET

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

FROM: FAB-T CORP. AGENTS, INC.
4405 NW 53RD ST
SUITE C-100
MIAMI FL 33166-

CONTACT: LIDIA FERNANDEZ

PHONE: (305) 599-0839

FAX: (305) 592-9591

FAX: (904) 922-4000

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: C.I. PLUS MEDICAL SUPPLY CORP.

FAX AUDIT NUMBER: H95000005904

CURRENT STATUS: REQUESTED

DATE REQUESTED: 05/25/1995

TIME REQUESTED: 14:52:53

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 25 PM 4:13

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55 MAY 25 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

C.I. PLUS MEDICAL SUPPLY 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: C.I. PLUS MEDICAL SUPPLY CORP.

1700 SW 57th Ave., Suite-B
Miami, Fl 33155

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 (five hundred)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Maida C. Martinez
6741 S.W. 24th St. Ste 47
Miami, Fl 33155
(305) 264-7252

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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 the corporation's existence or until their successor(s) is (are) elected, is(are): Carlos Martinez
7098 SW 22ND Ste.
Miami, Florida 33155.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are): Carlos Martinez
7098 SW 22ND Ste.
Miami, Florida 33155

IN WITNESS WHEREOF, The undersigned incorporator(s) has(have) executed this 24 day of May, 1995.

Signature(s) of Incorporator(s)



Signature/Title

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION
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 agents, in the State of Florida.

1. The name of the corporation is: C.I. PLUS MEDICAL SUPPLY CORP.

2. The name and address of the registered agent and office is:

CARLOS MARTINEZ
1700 SW 57TH AVE. SUITE-B
MIAMI, FL 33155.

SIGNATURE TITLE PRESIDENT/DIRECTORDATE 5/24/95

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ALL 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 5/24/95

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