7411:14 至 DIM COMPORATION Address 資本 **表** choicing**i 5**50.597*40 -06799795--01941--070 ++++122.50 CHY Phone CORPORATION(S) NAME Toll Free: 1-800-432-3028 /) Profit) NonProfit () Amendment () Merger () Foreign () Dissolution () Mark) Limited Pertnership) Annual Report () Other) Reinstatement () Change of Registered Agent) Reservation Certified Copy () Photo Copies () Certificate Under Seal) Call When Ready () Call If Problem () After 4:30) Walk in Carling Car. () Will Walt /) Pick Up () Mail Out Name Availability Decument Examiner Undeter בללו. . R CHESSER JUN 9

CR2E031 (R8-85)

Verifier

Acknowledgment W.P. Verifier

ARTICLES OF INCORPORATION

of

BEST NIED SYSTEMS INC. IN	53.
(name of corporation)	영 게 ;
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to comporation under the laws of the State of Florida.	hereby form a
The name of the corporation is: ARTICLE I · CORPORATE NAME	5
BEST MED SYSTEMS, INC.	·····
ARTICLE II • DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted under the United States and the State of Florida.	laws of the
ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue	
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at the	nt office is:
NAME DELORIS H. D'Ambrosio	
ADDRESS 1517 15TH LANE	
CITY PALM BEACH GARdens FLORIDA	ZIP 3.34/8
The principal office, if known, or the mailing address of the corporation is:	
NAME BEST MED SYSTEMS	
ADDRESS P.O. BOX 93705 1517 1512 Lane	
CITY PALM BEACH GARdens FLORIDA	ZIP 334.

TRIVER VI. INTELL BOARD OF BUILDING

•	AL BOARD OF DIRECTORS	
This corporation shall have (\nightarrow\nig	es, but shall never be less than or	mber of directors may be either no (1). The names and addresses
NAME DOLONIS H. DY	Imbrosio	
ADDRESS 1517 15TH LAN	15	
CITY ALM BEACH GARdens	STATE FL.	zip 3.3 4 /8
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
СІТУ	STATE	ZIP
The names and addresses of the incorporators signing thes		is follows:
ADDRESS 15/7- 15TH LANC		
CITY FALM BEACH (TARdens	STATE FL	ZIP .33418
NAME		<u>'</u>
ADDRESS		
CITY	STATE	ZīP
NAME		
ADDRESS		
CITY	STATE	ZIP
County of Path Beadwilla Notary SEAL KIM ROCHESTER NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC37157 MY COMMISSION EXP. JAN. 9,1998 The foregoing instrument was acknowledged	before me this 5th day	(Scal) (Scal)
Deioris H. D'Ambrosio, who is personally k	nown to me. Since	sperecen

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT **OF**

BEST MED SYSTEMS, TUC
(name of corporation) = \$\frac{1}{2} \frac{1}{2}\$
Sent of the sent o
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida () : its registered office as indicated in the Articles of Incorporation
ns registered office as indicated in the Articles of Incorporation
al Post Orrico Box
1517 15TH LANE, PALM BEACH GREdens, FT 33438
has named Deloris H. D'Ambrosio
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.
ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

We Louis D. D'Ambrocco